

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90441 038 ***150.00

DOCUMENT # P98000045533

1. Entity Name
PHILLIP WREN, INC.



Principal Place of Business

~~502 SHOES PLACE~~
~~DELAND FL 32724~~

Mailing Address

~~502 SHOES PLACE~~
~~DELAND FL 32724~~

2. Principal Place of Business

Orlando
Suite, Apt. #, etc.

3. Mailing Address

4241 N. John Young Pkwy
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

Orlando FL
32804 **Orange**

4. FEI Number **59-3514910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WREN, PHILLIP W
~~502 SHOES PLACE~~
~~DELAND FL 32724~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **WREN, PHILLIP W**
STREET ADDRESS ~~502 SHOES PLACE~~
CITY-ST-ZIP ~~DELAND FL 32724~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. PROPOSING CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Philip W. Wren** ☐ Change ☐ Addition
NAME **4241 N. John Young Pkwy. Sta. 1000**
STREET ADDRESS **Orlando, FL 32804**
CITY-ST-ZIP **Lic. # A290709**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-06-03 **407-293-7608**

CR2E034 (10/02)