**2003 FOR PROFIT CORPORATION** 

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P9900050162

1. Entity Name

WDW BOOK COMPANY OF ELLENTON, FL, INC.

VI WE THE

**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90337 025 \*\*\*158.75

			1						
Principal Place of Business 5415 FACTORY SHARPE BLVD ELLENTON FL 34222		Mailing Address 11130 KINGSTON PIKE. STE. 1-184 KNOXVILLE TN 37922			 	<b>1</b> 1840 <b>44</b> 04 <b>16</b> 40 <b>06</b> 04	<b>11.1.1 (11.1.1 11.1.1</b> 11.1.1	HILLE HOLLEGO	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4. FEI Number 65	0923085	<u> </u>	applied For	
Zip Country		Zip	Country		5. Certificate of State	us Desired 🔀	CO 75 .	dditional	
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and Addre	ss of New Registe	ered Agent		
			N	lame					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
	ON FL 33324								
				City	FL Zip Code				
	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered of	ffice or registere	ed agent, or both, in the	e State of Florida.	I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	ent and title if applicable. (f	NOTE: Registered Age	ent signature required	when reinstating)	С	DATE		
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					ampaign Financin Contribution.		00 May Be ed to Fees	
10.	<u> </u>	ID DIRECTORS	11.		ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINEGARDNER, DEAN 3000 RIVER HAVEN POINT KNOXVILLE TN 37922	☐ Delate	TITLE NAME STREET AD CITY-ST-Z				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHIPMAN, JILL 165 WEST END AVENUE KNOXVILLE TN 37922	☐ Delete	TITLE NAME STREET AD CITY-ST-Z			•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET AD CITY-ST-2	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS   CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	ZIP			☐ Change	Addition	
12. I hereby o	certify that the information supplied wi	ith this filing does not qualify	for the exempti	on stated in Sec	ction 119.07(3)(i), Florid	la Statutes. I furthe	er certify that the	information	

indicated on this report or supplemental report it 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 a laddest, with all other like empowered.

\*\*Book\*\* Company of Ellegion, FL.\*\*

\*\*The.\*\*