2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000050252** May 18, 2000 8:00 am Secretary of State WSJ ENTERPRISES, INC. 05-18-2000 90294 018 ***150.00 Principal Place of Business Mailing Address 229 BEACH DRIVE 229 BEACH DRIVE FLORAHOME FL 32140-1706 FLORAHOME FL 32140-1706 3. Mailing Address 124 Rainbow 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Flora Home Applied For Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VINING, SCOTT Street Address (P.O. Box Number is Not Acceptable) SOUTHEAST CAPITAL ADVISORS, INC. 4437 CARRIAGE CROSSING DRIVE JACKSONVILLE FL 32258 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition President TITLE TITLE ☐ Delete Wayne K. Spencer, Jr. NAME NAME 725 parabon Dr. Flora Home, Fl. 72140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice President Change ☐ Addition TITLE TITLE ☐ Delete Wayne K. Spencer, Tr. 225 Rainbow Dr. Florathome Fl. 32140 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME Wayne K. Spencer Jr. NAME Ranbow Dr. STREET ADDRESS STREET ADDRESS rattome, F1. 32140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE Secretary NAME Woune K. Spencer Tr. NAME Bainbow Pr. STREET ADDRESS STREET ADDRESS lorahome. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like erpowered.