FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT# P9900050252 1. Entity Name 😽 遊戲 WSJ ENTERPRISES, INC. 01-30-2002 90143 003 \*\*\*150 00 Principal Place of Business Mailing Address 225 RAINBOW DR 225 RAINBOW DR FLORAHOME FL 32140 FLORAHOME FL 32140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3585316 5.00 Not Applicable Country Country Zip \$8.75 Additional 3 3 4 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2002 Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE . ☐ Delete ☐ Change ☐ Addition NAME : SPENCER WAYNE K JR NAME 225 RAINBOW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLORAHOME FL 32140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SPENCER, WAYNE K JR NAME STREET ADDRESS STREET ADDRESS 225 RAINBOW DR CITY-ST-ZIP FLORAHOME FL 32140 CITY-ST-ZIP - Delete - Addition TITLE TITLE Change NAME SPENCER, WAYNE K JR NAME STREET ADDRESS STREET ADDRESS 225 RAINBOW DR FLORAHOME FL 32140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SPENCER, WAYNE K JR NAME NAME STREET ADDRESS 225 RAINBOW DR STREET ADDRESS FLORAHOME FL 32140 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. 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 11 or Block 12 if