2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000053110 DOCUMENT

1. Entity Name

U WANT IT WHEN, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90094 009 ***150.00

Principal Place of Business Mailing Address WY WHE 5542 34TH COURT EAST 5542 34TH COURT EAST **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0916219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, RAYMOND'L JR' Street Address (P.O. Box Number is Not Acceptable) 5542 34TH CT E. **BRADENTON FL 34203** City Zip Code 8. The above named try submits this state purpose of phyloging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition WARD, RAYMOND L JR. NAME NAME 5542 34TH COURT EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE Change Addition NAME WARD, SANDRA I NAME STREET ADDRESS 5542 34TH COURT EAST STREET ADDRESS **BRADENTON FL 34203** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to explain this report as required by Chapter 607, Florida Statutes; and that my page 10 by Chapter 607, Florida Statutes; and that my page 10 by Chapter 607, Florida Statutes; and that my page 10 by Chapter 607, Florida Statutes.

SIGNATURE:

changed, or on an attachmen