

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91581 035 ***150.00

DOCUMENT # P99000077854

1. Entity Name

WENDLING & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

~~100 E. MORSE BLVD., 2ND FLOOR~~

~~WINTER PARK FL 32789~~

2319 Sun Valley Cr.

Winter Park, FL 32792

~~100 E. MORSE BLVD., 2ND FLOOR~~

~~WINTER PARK FL 32789~~

2319 Sun Valley Cr.

Winter Park, FL 32792

2. Principal Place of Business

2319 SUN VALLEY CR.

3. Mailing Address

2319 SUN VALLEY CR

Suite, Apt. #, etc.

WINTER PARK, FLORIDA

Suite, Apt. #, etc.

WINTER PARK FLORIDA

City & State

City & State

Zip

Country

Zip

Country

32792

SEMINOLE

32792

SEMINOLE

4. FEI Number

59-3596808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENDLING, JOHN J

~~100 E. MORSE BLVD., 2ND FLOOR~~

~~WINTER PARK FL 32789~~

2319 Sun Valley Cr.

Winter Park, FL 32792

Name

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

2319 SUN VALLEY CR.

City

WINTER PARK

FL

Zip Code

32792

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WENDLING, JOHN J	
STREET ADDRESS	100 E. MORSE BLVD., 2ND FLOOR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2319 SUN VALLEY CR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **JOHN J. WENDLING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-02

Daytime Phone #

807-678-8138

CR2E034 (9/01)