

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90180 023 ***150.00

DOCUMENT # P99000077854

1. Entity Name
WENDLING & ASSOCIATES, P.A.



Principal Place of Business
~~2019 SUN VALLEY CR.~~
~~WINTER PARK FL 32792~~
225 Applewood Cir.
Melbourne, FL 32940

Mailing Address
~~2319 SUN VALLEY CR.~~
~~WINTER PARK FL 32792~~
225 Applewood Cir.
Melbourne, FL 32940

2. Principal Place of Business
225 Applewood Cir.
Suite, Apt. #, etc.

3. Mailing Address
225 Applewood Cir.
Suite, Apt. #, etc.

City & State
Melbourne, FL
Zip
32940
Country
USA

City & State
Melbourne, FL
Zip
32940
Country
USA

4. FEI Number 59-3596808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WENDLING, JOHN J
~~2019 SUN VALLEY CR.~~ 225 Applewood Cir.
~~WINTER PARK FL 32792~~ Melbourne, FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	WENDLING, JOHN J	2019 SUN VALLEY CR. 225 Applewood Cir.	WINTER PARK FL 32792 Melbourne, FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)