

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED *Page 1 of 2*

DOCUMENT # *P99000079227*

1. Entity Name
Wellness Communications Networks, Inc.

00 JUN 15 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*P.O. Box 9017
Largo, FL 33771*

2. Principal Place of Business

3. Mailing Address

P.O. Box 9017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Largo, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33771

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

*David Bender
329 Bayview Dr. NE
St. Petersburg, FL 33704*

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.

SIGNATURE

Paul Z. B...

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

(NOTE: Registered Agent signature required when reinstating)

15 June 00

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Patrick Barmore President 2913 Weston Terrace Palm Harbor, FL 34685</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President David Bender 329 Bayview Dr. NE St. Petersburg, FL 33707</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Donald Stillson Secretary 2699 Seville Blvd. Clearwater, FL 33764</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joel C. Thompson Treasurer 324 Bay Ave. NE St. Petersburg, FL 33703</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 June 00

Date

727-823-2240

Daytime Phone #

CR2E034 (9/99)

TO WITHIN IT MAY CONCERN -

We did not receive pre printed

Notification of FEE. We know.

HOW AND WILL BE TIDY IN
the future.

Thank You for your

HELP.

NOTARIZED

PLEASE RETURN LETTER OF GOOD
STANDING TO.

JOEL THOMPSON

324 - 89th AVE NE

ST PETERS FL. 33702.

IN RETURN AS ENVELOPE.

Thank You.

Joel Thompson