

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000079227**

1. Entity Name

**WELLNESS COMMUNICATIONS NETWORKS, INC.**

Principal Place of Business

P.O. BOX 9017  
LARGO FL 33771

Mailing Address

P.O. BOX 9017  
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR****65-1031257**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BENDER, DAVID  
329 BAYVIEW DR N.E.  
ST. PETERSBURG FL 33704**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARMORE, PATRICK	
STREET ADDRESS	2913 WESTON TERRACE	
CITY-ST-ZIP	PALM HARBOR FL 34885	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENDER, DAVID	
STREET ADDRESS	329 BAYVIEW DRIVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILLSON, DONALD	
STREET ADDRESS	2699 SEVILLE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, JOEL C	
STREET ADDRESS	324 89TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR

04.30.01

Date

Daytime Phone #

727  
224-4011**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90409 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)