

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000079227**

1. Entity Name

WELLNESS COMMUNICATIONS NETWORKS, INC.

FILED

02 JUN -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1031257

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BENDER, DAVID~~~~329 BAYVIEW DRIVE NE~~~~ST. PETERSBURG FL 33704~~Stillson, Donald
2699 Seville Blvd. #203
Clearwater, FL 33764

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

Donald Stillson, Secretary

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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
P. :
BARMORE, PATRICK
2913 WESTON TERRACE
PALM HARBOR FL 34685 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BENDER, DAVID
329 BAYVIEW DRIVE NE
ST. PETERSBURG FL 33707 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STILLSON, DONALD
2699 SEVILLE BLVD.
CLEARWATER FL 33764 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
THOMPSON, JOEL C.
324 89TH AVE NE
ST. PETERSBURG FL 33703 ☐ DeleteTITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Date: April 24th 2002 727.724.4011
Daytime Phone #

CR2E034 (9/01)