

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90486 043 \*\*\*150.00

**DOCUMENT # P99000079227**

**1. Entity Name**  
**WELLNESS COMMUNICATIONS NETWORKS, INC.**



**Principal Place of Business**

**P.O. BOX 0017**  
**LARGO FL 33771**

**Mailing Address**

**P.O. BOX 9017**  
**LARGO FL 33771**

**2. Principal Place of Business**

**2699 Seville Blvd**  
**Suite, Apt. #, etc.**  
**#203**

**City & State**  
**Clearwater**

**Zip**  
**33764** **Country**  
**Pinellas**

**3. Mailing Address**

**2699 Seville Blvd.**  
**Suite, Apt. #, etc.**  
**#203**

**City & State**  
**Clearwater**

**Zip**  
**33764** **Country**  
**Pinellas**



☐ CHECK HERE IF MAKING CHANGES

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

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**STILLSON, DONALD**  
**2699 SEVILLE BLVD. #203**  
**CLEARWATER FL 33764**

**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** Donald Stillson  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BARMORE, PATRICK</b>	
<b>STREET ADDRESS</b>	<b>2913 WESTON TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>PALM HARBOR FL 34685</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BENDER, DAVID</b>	
<b>STREET ADDRESS</b>	<b>329 BAYVIEW DRIVE NE</b>	
<b>CITY-ST-ZIP</b>	<b>ST. PETERSBURG FL 33707</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>STILLSON, DONALD</b>	
<b>STREET ADDRESS</b>	<b>2699 SEVILLE BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>CLEARWATER FL 33764</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 life empowered.**

**SIGNATURE:** Donald Stillson  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04.25.03 727.224.4011**  
**Date Daytime Phone #**

CR2E034 (10/02)