

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90447 001 ***300.00

DOCUMENT # P99000084868

1. Entity Name

WAHBA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**26650 STATE RD. 54 WEST
WESLEY CHAPEL FL 33543****P O BOX 7166
WESLEY CHAPEL FL 33543****41311**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

27210 Foam Flower Blvd ← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel, FL4. FEI Number **59-3196584**

Applied For

Not Applicable

Zip

Country

Zip

Country

33544**PASCO**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

**REDWOOD, WAYNE
27212 FOAM FLOWER BLVD
WESLEY CHAPEL FL 33543**

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 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	REDWOOD, ALIYA	P O BOX 7166	<input type="checkbox"/>						
		WESLEY CHAPEL FL 33543								
	D	REDWOOD, WAYNE	P O BOX 7166	<input type="checkbox"/>						
		WESLEY CHAPEL FL 33543								
				<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"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Wayne Redwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE REDWOOD**4/18/01**

Date

813-994-6154

Daytime Phone #

CR2E034 (10/00)