2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P99000094457** 1. Entity Name STRATEGIC SIGNALS, INC. 4-25-2001 90084 042 ***150.00 Principal Place of Business Mailing Address 122 NIKKI CIRCLE 122 NIKKI CIRCLE SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3603911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENRICK, DENNIS K Street Address (P.O. Box Number is Not Acceptable) 122 NIKKI CIRCLE SANTA ROSA BEACH FL 32459 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete TITLE Change Addition WENRICK, DENNIS K NAME NAME STREET ADDRESS STREET ADDRESS 122 NIKKI CIRCLE CITY-ST-ZiP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 TITLE D TITLE ☐ Delete Change Addition WENRICK, CAROL A NAME NAME STREET ADDRESS STREET ADDRESS 122 NIKKI CIRCLE CITY-ST-ZIP CITY-ST-ZIF SANTA ROSA BEACH FL 32459 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREE: ADDRESS CITY-ST-7IP CITY-ST-ZìP TITLE ☐ Delete TITEE Change Addition NAME NAME

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. 850.622.0908

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/00