

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90346 018 ***150.00

DOCUMENT # P99000094457



1. Entity Name
STRATEGIC SIGNALS, INC.

Principal Place of Business
**122 NIKKI CIRCLE
SANTA ROSA BEACH FL 32459**

Mailing Address
**PO BOX 1606
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business
205 WHITE HERON DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH

City & State

4. FEI Number **59-3603911**

Applied For

Not Applicable

Zip
32459

Country
WALTON

Zip

Country

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

**WENRICK, DENNIS K
122 NIKKI CIRCLE
SANTA ROSA BEACH FL 32459**

Name

Street Address (P.O. Box Number is Not Acceptable)

205 WHITE HERON DR.

City

SANTA ROSA BEACH

FL

Zip Code

32459

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
**WENRICK, DENNIS K
122 NIKKI CIRCLE
SANTA ROSA BEACH FL 32459**

☒ Change ☐ Addition
**205 WHITE HERON DRIVE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Delete
**WENRICK, CAROL A
122 NIKKI CIRCLE
SANTA ROSA BEACH FL 32459**

☒ Change ☐ Addition
**205 WHITE HERON DRIVE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

☐ Change ☐ Addition

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 like empowered.

SIGNATURE: **CAROL A. WENRICK**
CAROL A. WENRICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2003 850-267-0085

Date

Daytime Phone #

CR2E034 (10/02)