2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000103746 **DOCUMENT #**

1. Entity Name

WARDLOCK FLORIDA, INC.



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

02-14-2003 90184 049 ***158.75

VANDLOOM					A COO WE IS									
Principal Place of 11300 U.S. HIGH SUITE 203 NORTH PALM BE	of Business WAY ONE EACH FL 33408-3208	Mailing Address 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH FL 33408-3208												
2. Principal Plac	ce of Business	3. Mailing Address					i ibënasi	[{ 1 10 {10 101	() EAtt aan	1 66151 1141				
Suite, Apt. #,	etc.	Suite, Apt. #, etc. City & State					☐ CHECK HERE IF MAKING CHANGES							
City & State						4. FEI Number 65-0966910 Applied For Not Applicable								
		Zip Coun			ntry		ertificate (of Status I	 Desired	X		.75 Addit		
Zip	Country						Certificate of Status Desired Name and Address of New Re							
	6. Name and Address of Current R	egistered	Agent		Name									
FRICKER, M					Street Addre	ess (P.O. Bo	ox Numbe	r is Not A	ceptable	;)				
	HIGHWAY ONE					-								
SUITE 203 NORTH PALM BEACH FL 33408-3208					City						L	Zip Code		
	named entity submits this statement for	the pure	see of changing its	registe	red office or reg	jistered age	ent, or bot	h, in the S	state of Flo	orida. Ta	am far	niliar with,	and accept	
8. The above the obligation	named entity submits this statement for ons of registered agent.	ille barbo	og of onlinging no											
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if appli	icable. (NOT	E: Registe	red Agent signature re	equired when re	einstating)			DAT	TE ———			
Fl After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00							ection Ca ust Fund (May Be	
Miske Check	Payable to Florida Department of	State	50	11	_ 	AC	DITIONS	/CHANG!	S TO OF	FICERS	AND [DIRECTOR	S IN 11	
10.	OFFICERS AND	DIRECTO	Delete		TLE T	- 						☐ Change	Addition	
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CITY-ST-ZIP					exemption state		440.07/	(2)(i) Elec	da Statut	es I frurth	ner ce	rtify that the	e information	
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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:

H. Max Fricker/Pres.

1/17/03

561-625-1005

Daytime Phone #