2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000105319**

1. Entity Name
WNB EQUITIES, INC.

Principal Place of Business	Mailing Address
GLADES BLDG., STE. 303 877 EXECUTIVE CENTER DR. W. ST. PETERSBURG FL 33702	GLADES BLDG., STE. 303 877 EXECUTIVE CENTER DR. W. ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
THE KRESS BUILDING, SUITE M-8	C/O ERNEST L. MASCARA, P.A.
Suite, Apt. #, etc.: 475 CENTRAL AVENUE	Suite, Apt. #, etc.: 475 CENTRAL AVENUE, SUITE M-8
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33701 Country: US	Zip: 33701 Country: US

4. FEI Number **59-3614526** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASCARA ERNEST L
GLADES BLDG., STE. 303
877 EXECUTIVE CENTER DR. W.
ST. PETERSBURG FL
33702

7. Name and Address of New Registered Agent

Name: MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable): THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
City: ST. PETERSBURG **FL** Zip Code: 33701

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 **ERNEST L. MASCARA** 03/09/2001
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 State

10. 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	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	MASCARA ERNEST		NAME	MASCARA ERNEST L	
STREET ADDRESS	P.O. BOX 22095		STREET ADDRESS	P.O. BOX 266	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702		CITY-ST-ZIP	SAINT PETERSBURG FL 33731	
TITLE	PVTS	☐ Delete	TITLE	PVTS	☒ Change ☐ Addition
NAME	GALL RONALD W		NAME	BALL RONALD W	
STREET ADDRESS	P.O. BOX 22095		STREET ADDRESS	P.O. BOX 266	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702		CITY-ST-ZIP	SAINT PETERSBURG FL 33731	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: RONALD W. BALL P 03/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #