2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

2. Principal Place of Business

1410 SW 14TH TERRACE

CAPE CORAL FL 33991

Suite, Apt. #, etc.

City & State

Zip

P99000109755

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1410 SW 14TH TERRACE

CAPE CORAL FL 33991

1. Entity Name

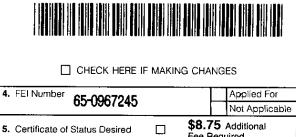
R&S WEHAUSEN CONSTRUCTION CLEAN UP. INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90086 046 ***150.00

OCTIONS



	Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEHAUSEN, RUSSELL 1410 SW 14TH TERRACE CAPE CORAL FL 33991	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code
he above gamed entity submits this statement for the purpose of changing its regist	terned office or registered agent, or both, in the State of Flexible. Law Him with a second

Country

3. 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

FILE NOW!!! FEE IS \$150.00 -

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WEHAUSEN, SHANNON NAME STREET ADDRESS 1410 SW 14TH TERRACE STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition WEHAUSEN, RUSSELL NAME NAME STREET ADDRESS 1410 SW 14TH TERR. STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)