

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90147 004 ***150.00

DOCUMENT # 180701

1. Entity Name

W.H. HINTON, INC.

Principal Place of Business

1102 SE 7TH ST
 FORT LAUDERDALE FL 33301

Mailing Address

1102 SE 7TH ST
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0810061**

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JACQUELINE WIELAND
1102 S.E. 7TH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE **D** ☐ Delete

NAME **JACKSON, SARAH F**
 STREET ADDRESS **815 SE 11TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **P** ☐ Delete

NAME **WIELAND, JACQUELINE S**
 STREET ADDRESS **1102 SE 7TH ST**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **V** ☐ Delete

NAME **WIELAND, ROBERT**
 STREET ADDRESS **1102 SE 7TH ST**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **T** ☐ Delete

NAME **WIELAND, CLAY H**
 STREET ADDRESS **513 SE 9TH AVE.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **D** ☐ Delete

NAME **SLACK, ANN WIELAND**
 STREET ADDRESS **511 SE 9 AVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☒ Addition

NAME **Sarah F. Jackson**
 STREET ADDRESS **815 SE 11 Ave.**
 CITY-ST-ZIP **FT. lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Wieland, Robert** ☒ Change ☐ Addition

NAME **(deceased)**

STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition

NAME **Wieland, Clay H**
 STREET ADDRESS **513 SE 9 Ave**
 CITY-ST-ZIP **FT lauderdale, FL 33301**

TITLE **T** ☒ Change ☐ Addition

NAME **Slack, Ann Wieland**
 STREET ADDRESS **511 SE 9 AVE**
 CITY-ST-ZIP **FT lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jacqueline Wieland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE WIELAND 1/29/01

Date

Daytime Phone #

954-522-0466

CR2E034 (10/00)