

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 741389**

1. Entity Name

**WIRA CHRISTMAS KIDS, INC.**

Principal Place of Business

Mailing Address

8245 BUSINESS PARK DR.  
PORT ST. LUCIE FL 34952  
US

8245 BUSINESS PARK DR.  
PORT ST. LUCIE FL 34952-7950  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1829834**

Applied For

Not Applicable

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

**MCNEIL, GRACE**  
1302 NEBRASKA AVE  
BLDG 6 APT B  
FT. PIERCE FL 34950

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 Grace McNeil

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

(NOTE: Registered Agent signature required when reinstating)

02/09/00

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD**  
STREET ADDRESS **CLUTTER, PAULINE**  
CITY-ST-ZIP **1463A CAPTAINS WALK**  
**FT PIERCE FL 34950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **ST**  
STREET ADDRESS **MCNEIL, GRACE**  
CITY-ST-ZIP **1302 NEBRASKA AVE 6B**  
**FT. PIERCE FL 34950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BDVP**  
STREET ADDRESS **BURCHFIELD, ED**  
CITY-ST-ZIP **626 KEARNEY ROAD**  
**FORT PIERCE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BD**  
STREET ADDRESS **WYATT, GREG & CAROL**  
CITY-ST-ZIP **8245 BUSINESS PARK DRIVE**  
**PORT ST. LUCIE FL 34952**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BD**  
STREET ADDRESS **WILSON, JANE**  
CITY-ST-ZIP **2125 ESPLANADE WEST**  
**FT PIERCE FL 34982**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 617, 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: SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/00 (561) 461-2506

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)