

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000006226****1. Entity Name**
DHAMMA WHEEL MEDITATION SOCIETY INC.

Principal Place of Business 2030 57TH AVE. N. ST. PETERSBURG FL 33714	Mailing Address 2030 57TH AVE. N. ST. PETERSBURG FL 33714
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number**
59-3667694**Applied For**
Not Applicable**Zip** **Country** **Zip** **Country****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**INGALLS THANH
529 LILLIAN DR.

MADEIRA BEACH FL
33706 USName
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** **04/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGALLS THANH 529 LILLIAN DR. MADEIRA BEACH FL 33706 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON VICTORIA PO BOX 48273 ST. PETERSBURG FL 33743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DHAMMAWANSHA BHANTE 2030 57TH AVE. N. ST. PETERSBURG FL 33714 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Thanh Ingalls **D** **04/14/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate

CR2E037 (11/00)