## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000006226

Address:

City-St-Zip:

210 TEMPLE LANE

BELLEAIR BLUFFS, FL 33770

Entity Name: DHAMMA WHEEL MEDITATION SOCIETY INC.

FILED Mar 30, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2207 BELLEAIR RD CHATEAU BELLEAIR, APT. 24, BUILDING B CLEARWATER, FL 33764 **New Mailing Address: Current Mailing Address:** 2207 BELLEAIR RD CHATEAU BELLEAIR, APT. 24, BUILDING B CLEARWATER, FL 33764 FEI Number: 59-3667694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGALLS, THANH BONNER, WAYNE L TREASUR 210 TEMPLE LANE 529 LILLIAN DR. MADEIRA BEACH, FL 33706 BELLEAIR BLUFFS, FL 33770 US US 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: WAYNE L. BONNER 03/30/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DHAMMAWANSHA, BHANTE Name: Name: 2207 BELLEAIR RD, CHATEAU BELLEAIR, APT. 24 Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: Title: ( ) Delete () Change () Addition ANDERSON, VICTORIA Name: Name: Address: PO BOX 48273 Address: City-St-Zip: ST. PETERSBURG, FL 33743 City-St-Zip: Title: () Delete Title: () Change () Addition INGALLS, THANH Name: Name: Address: 529 LILLIAN DR. Address: City-St-Zip: MADEIRA BEACH, FL 33706 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BONNER, WAYNE L TREASUR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WAYNE L. BONNER TREA 03/30/2003