

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276805

1. Entity Name
WIECHENS REALTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90279 022 ***150.00

Principal Place of Business

2603 SE 17TH ST STE A
OCALA FL 34471
US

Mailing Address

2603 SE 17TH ST STE A
OCALA FL 34471-5563
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1034297**

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

WIECHENS, LEO A.
2603 SE 17TH ST STE A
OCALA FL 34471

Name

WIECHENS, CHRISTOPHER S.

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

2603 SE 17th St., STE A

City

OCALA

FL

Zip Code
34471

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 **Christopher S. Wiechens, President**

Christopher S. Wiechens

1/13/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DSP** ☐ Delete
NAME **WIECHENS, CHRISTOPHER S**
STREET ADDRESS **2603 S.E. 17TH ST, STE A**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher S. Wiechens, President **352-622-3214**

Date

Daytime Phone #

CR2E034 (9/99)