

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90025 011 ***150.00

00013240



DO NOT WRITE IN THIS SPACE

DOCUMENT # 300297

1. Entity Name
WITTMAN ENTERPRISES, INC.

Principal Place of Business
**1500 TERRACE GREEN DRIVE
LEESBURG FL 34748**

Mailing Address
**1500 TERRACE GREEN DRIVE
LEESBURG FL 34748-6951
US**

2. Principal Place of Business
**542 Ownby Dr. N.
Suite, Apt. #, etc.
Gatlinburg, In.**

3. Mailing Address
**542 Ownby Dr. N.
Suite, Apt. #, etc.
Gatlinburg, In.**

4. FEI Number **59-1110244** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip **37738** Country **USA** Zip **37738** Country **USA**

6. Name and Address of Current Registered Agent
**WITTMAN, MARGARET
1500 TERRACE GREEN DRIVE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent
Name **W. Chet Ross**
Street Address (P.O. Box Number is Not Acceptable)
911 No. Blvd. West
City **Leesburg** FL Zip Code **37748**

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 **W. Chet Ross** **W. CHET ROSS** **2/7/00**
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 | PST | <input type="checkbox"/> Delete | TITLE | PST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WITTMAN, MARGARET J | | NAME | Wittman, Margaret J. | |
| STREET ADDRESS | 1500 TERRACE GREEN DRIVE | | STREET ADDRESS | 542 Ownby Dr. N. | |
| CITY-ST-ZIP | LEESBURG FL | | CITY-ST-ZIP | Gatlinburg, In. 37738 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WITTMAN, MARGARET J. | | NAME | Wittman, Margaret J. | |
| STREET ADDRESS | 1500 TERRACE GREEN DRIVE | | STREET ADDRESS | 542 Ownby Dr. N. | |
| CITY-ST-ZIP | LEESBURG FL | | CITY-ST-ZIP | Gatlinburg, In. 37738 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Margaret J. Wittman** **2-4-00** **865-450-7977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)