

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 317096

1. Entity Name

W-P-C INC

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90083 007 ***150.00

Principal Place of Business

Mailing Address

BOUGAINVILLIA AVE
CITY FL 33525

37737 BOUGAINVILLIA AVE
DADE CITY FL 33525-4737
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

59-1207664

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

Name

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

City

FL

Zip Code

CAIN, W.P. JR.
101 E BOUGAINVILLIA AVE
DADE CITY FL

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

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	DV	<input type="checkbox"/> Delete
NAME	CAIN, W.P. III	
STREET ADDRESS	37737 BOUGAINVILLIA AVE	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAIN, W.P. JR.	
STREET ADDRESS	37737 BOUGAINVILLIA AVE	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	CARSON, BARBARA ANN	
STREET ADDRESS	37612 DIXIE AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another like empowered.

SIGNATURE:

W.P. CAIN JR. PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00
Date

Daytime Phone #

352-567-3014

CR2E034 (9/99)