

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90407 034 \*\*\*150.00

**DOCUMENT # 416013**

1. Entity Name  
**THE WHEELER AGENCY, INC.**



Principal Place of Business  
**900 SOUTH 1ST STREET  
LAKE CITY FL 32055**

Mailing Address  
**900 SOUTH 1ST STREET  
LAKE CITY FL 32055**

2. Principal Place of Business  
**622 SW Main Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**622 SW Main Blvd**  
Suite, Apt. #, etc.



*All new addresses are "911" changes*  
☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE CITY, FL**  
Zip  
**32025**  
Country  
**Columbia**

City & State  
**LAKE CITY, FL**  
Zip  
**32025**  
Country  
**Columbia**

4. FEI Number  
**59-1499036**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHEELER, EDWIN  
900 SOUTH 1ST ST  
LAKE CITY, FL 32055**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**622 SW Main Blvd**  
City **LAKE CITY** FL Zip Code **32025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Priscilla Wheeler* **Priscilla Wheeler** **1-9-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WHEELER, EDWIN 900 SO 1ST ST LAKE CITY, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WHEELER, PRISCILLA ST 900 SO 1ST ST LAKE CITY, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WHEELER, JOHN R 900 SOUTH 1ST STREET LAKE CITY FL 32056</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>622 SW Main Blvd LAKE CITY, FL 32025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>622 SW main Blvd LAKE CITY, FL 32025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>622 SW main Blvd LAKE CITY, FL 32025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Priscilla Wheeler* **Priscilla Wheeler** **1-9-03** **386 752 8660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)