

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734217

1. Entity Name

WYNKEN BLYNKEN & NOD A ASSOCIATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90106 044 \*\*\*\*61.25

Principal Place of Business 322 LITTLE MISS MUFFET LANE P.O. BOX 1200 KEY LARGO FL 33037	Mailing Address 322 LITTLE MISS MUFFET LANE P.O. BOX 1200 KEY LARGO FL 33037-1200
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 311 Little Miss Muffett Suite, Apt. #, etc. Key Largo, Fl. City & State		3. Mailing Address P.O. Box 1200 Suite, Apt. #, etc. Key Largo, Fl. City & State	
Zip 33037	Country	Zip 33037	Country

4. FEI Number 65-0032636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

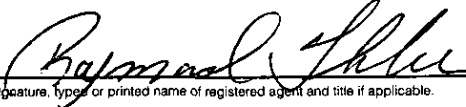
6. Name and Address of Current Registered Agent

THALER, RAYMOND  
 223 HUMPTY DUMPTY DR  
 KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  Raymond Thaler - P April 10, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THALER, RAYMOND 223 HUMPTY DUMPTY DR KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUENNIGER, LEE 415 THIMPER THOROFARE KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBICZYK, GARY 117 TWEEDY PIE TERR KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIKKER, KATHYRN 421 THUMPER THOROFARE KEY LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARENT, KAY 311 LITTLE MISS MUFFET LN KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Squires 405 Thumper Thorofare Key Largo, Fl. 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rona Brandell 326 Little Miss Muffett La. Key Largo, Fl. 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Sharon H. Encinosa 301 Little Miss Muffett La. Key Largo, Fl. 33037	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE  Raymond Thaler - P April 10, 2000 852-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/99)