

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16540

1. Entity Name

C. JAMES WHEELER, INCORPORATED

Principal Place of Business

2265 LEE RD. STE. 117
WINTER PARK FL 32789-1858

Mailing Address

2265 LEE RD. STE. 117
WINTER PARK FL 32789-1858

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2051084

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

WHEELER, C. JAMES
106 AUTUMN DR 3000 S West Blvd 6C7
LONGWOOD FL 32779 DAYTONA BEACH SHORES
FL 32118

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

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, 2001 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 CPT
NAME WHEELER, C. JAMES
STREET ADDRESS 2221 Lee Rd 118
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME Wheeler, C James
STREET ADDRESS 2265 Lee Rd Ste 117
CITY-ST-ZIP WINTER PARK, FL 32787

TITLE
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CITY-ST-ZIP

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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:

C. James Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01
Date

Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90002 012 ***150.00

C0022140



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)