

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90015 032 ***150.00

DOCUMENT # F21317

1. Entity Name

WIMAUMA TRADING POST, INC.

Principal Place of Business

Mailing Address

**910 HACIENDA DR
 SUN CITY CENTER FL 33571**

**P.O. BOX 5435
 SUN CITY CENTER FL 33571**

00022308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2067444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHAPIN, LOUISE M
 910 HACIENDA DR.
 SUN CITY CENTER FL 33571**

Name

Louise M. Chapin

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

**203 Amesbury Circle
 Sun City Center, Fl. 33573**

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

Louise M. Chapin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/2002

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, 2002 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 **PD** ☒ Delete
 NAME **CHAPIN, LOUISE M**
 STREET ADDRESS **910 HACIENDA DR.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33571**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **Louise M. Chapin**
 CITY-ST-ZIP **203 Amesbury Circle, Sun City Center, Fl. 33573** ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Louise M. Chapin **LOUISE M. CHAPIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 634 1661

Date

Daytime Phone #

CR2E034 (9/01)