2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # F94000001693 Feb 03, 2000 8:00 am **Secretary of State** WIEKER ENTERPRISES, INC. 02-03-2000 90010 005 ***150.00 Mailing Address Principal Place of Business 1821 M 3/4 ROAD 1821 M 3/4 ROAD FRUITA CO 81521 FRUITA CO 81521-9049 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 84-0505776 Not Applicable \$8.75 Additional Country ----5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAILEY, PENNY J Street Address (P.O. Box Number is Not Acceptable) C/O WINIFRED WIEKER 1581 GULF BOULEVARD APT 601 **CLEARWATER FL 34630** Zip Code 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. 1. - A-7 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TITLE ☐ Delete TITLE NAME WIEKER, ROBERT E STREET ADORESS STREET ADDRESS 1581 GULF BLVD. #601 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34630** ☐ Addition TITLE Change ☐ Defete TITLE NAME BAILEY, PENNY JEAN NAME STREET ADDRESS STREET ADDRESS 1821 M 3/4 RD. CITY-ST-ZIP CITY-ST-ZIP FRUITA CO Change ■ Addition ☐ Delete TITLE TITLE NAME JAMES, ROBERT M NAME STREET ADDRESS STREET ADDRESS 1785 SUNSET POINT RD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BAILEY, JAMES L STREET ADDRESS STREET ADDRESS 1821 M 3/4 ROAD CITY-ST-7IP CITY-ST-ZIP **FRUITA CO 81521** ☐ Change ☐ Addition TITLE ☐ Delete TITLE GERSON, MELISSA A NAME NAME STREET ADDRESS STREET ADDRESS 1821 M 3/4 ROAD CITY-ST-ZIF CITY-ST-ZIP **FRUITA CO 81521** ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME JAMES, AMANDA J NAME STREET ADDRESS 1785 SUNSET POINT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** 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 reporties 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.

PENNY J BAILEY

PRINTED NAME OF SIGNING OFFICER

970-858-7028