FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 08, 2001 8:00 am DOCUMENT # F94000001693 **Secretary of State** WIEKER ENTERPRISES, INC. 03-08-2001 90096 030 \*\*\*150.00 Principal Place of Business Mailing Address 1821 M 3/4 ROAD 1821 M 3/4 ROAD FRUITA CO 81521 FRUITA CO 81521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-0505776 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent. 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 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F Change ☐ Addition TITLE Delete WIEKER, ROBERT E NAME NAME 1581 GULF BLVD. #601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34630** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BAILEY, PENNY JEAN NAME NAME 1821 M 3/4 RD. STREET ADDRESS STREET ADDRESS CITY-ST-7iP FRUITA CO CITY-ST-7IP Addition -TITLE - Delete -TITLE JAMES, ROBERT M NAME NAME STREET ADDRESS 1785 SUNSET POINT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** Change ☐ Addition TITLE ☐ Delete TITI E NAME BAILEY, JAMES L NAME 1821 M 3/4 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITA CO 81521 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition GERSON, MELISSA A NAME NAME 1821 M 3/4 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITA CO 81521 TITLE ☐ Delete TITLE Change ☐ Addition JAMES, AMANDA J NAME 1785 SUNSET POINT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 13. I hereby certify that the information scholied 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 trystee 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: Lenner Q

SIGNATURE AND TYPED OF

Mouch, D/

970858-7008