

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90083 034 ***150.00

DOCUMENT # F94000001693

1. Entity Name
WIEKER ENTERPRISES, INC.



Principal Place of Business
**1250 SEMINOLE BLVD
LARGO FL 33770
US**

Mailing Address
**PO BOX 958
LARGO FL 33770
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **84-0505776**

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

~~ROBERTN, JAMES~~

**1250 SEMINOLE BLD STE 1
LARGO FL 33770**

Name **JAMES ROBERT M**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

1/17/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, PENNY JEAN 335 LA HACRIENA DRIVE INDIAN ROCKS BEACH FL 33785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES, ROBERT M 335 L HACIENA DRIVE INDIAN ROCKS BEACH FL 33785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, JAMES L 335 LA HACIENA DRIVE INDIAN ROCKS BEACH FL 33785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, MELISSA A 2665 S LARGO CT AURORA CO 80013	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, AMANDA J 1785 SUNSET POINT RD CLEARWATER FL 33755	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Robert James 1250 Seminole Blvd, ste 1 Largo, FL 33770	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Amanda James 1250 Seminole Blvd, ste 1 Largo, FL 33770	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03

727-585-8623

CR2E034 (10/02)