2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700004258 1. Entity Name					FILED			
WHEATLANDS ENTERPRISES LIMITED INC				00 AUG = 2 AM 9: 48				
Principal Place of Business P.O. BOX 51, 57 BATH STREET- ST HELIER JERSEY JE4-0XP UNITED KINGDO		Mailing Address 8117 MISTY OAKS BLVD. SARASOTA FL 34243 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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 Numb	er NOT APPLICABLE	·····	plied For nt Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New Registered	Agent		
			Name	•				
STEBENNE, RALPH E 8117 MISTY OAKS BLVD SARASOTA FL 34243			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		City		FL Zip Code				
SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. FILE NOW!!! FILE NOW!! FILE NOW!			000 Min. will be \$7	50.00 10. Ele	DATE ection Campaign Financing ust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS	/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD LE MEE, EMILE H 57 BATH STREET ST HELLER KERSEY, UK D CROSHAW, PHILIP THE AVENUE SARK CHANNEL	☐ Delate ☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		600003384 -03/07/08 ****150.00	Change 1626 01004	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	Wijsnuller, Donovan G 57 Bath Street St Helier Jersey UK	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		····			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stebenne, ralph e 8117 Misty Oaks Blvd Sarasota Fl	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretar Const	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		(1)	Change	Addition	
indicated	ertify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower.	ie and accurate and that my s	ionature shall have the	e same legal effe	ct as if made under oath; that I	am an officer	or director	

SIGNATURE:

Wheatlands Enterprises Limited Inc. 8117 Misty Oaks Blvd. Sarasota, Fl 34243



282

July 25, 2000

Florida Department of State Division of Corporation PO Box 6327
Tallahassee, FL 32314

Dear Sir:

We are sorry for this late filing. Due to circumstances beyond our control our accountant Mr. Joseph E. Roth CPA, of 245 SW 45 Terrace Cape Coral Fl. 33914 FEIN# 65-205-693 and SS# 496-58-2334, became ill. He is presently being treated for a brain tumor and is unable to work.

Prior to finding out about Mr. Roths condition we brought all of our paper work to his home. We were assured that Mr. Roth would file all of the necessary paper work on our behave. We were told by Mr. Roth that we did not have to do any thing until September because he filed an extension on our behalf.

When we were informed of Mr. Roths condition, we inquired about our papers, and we were told by Mr. Roth that he was unable to find the papers we gave him. We were also told that all of Mr. Roths clients were being refereed to Probe, Probe & Co. P.A. of Fort Myers Fl.

We are presently working with Ms. Kimberly A. Probe CPA to correct this misunderstanding.

We hope you find this to be in proper order. Thanking you in advance.

Sincerely.

Ralph E. Stebenne

alph & Stebence