

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004258

1. Entity Name:

WHEATLANDS ENTERPRISES LIMITED INC

Principal Place of Business

P.O. BOX 51, 57 BATH STREET
ST HELIER
JERSEY JE4 0XP UNITED KINGDOM

Mailing Address

8117 MISTY OAKS BLVD.
SARASOTA FL 34243
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEBENNE, RALPH E
8117 MISTY OAKS BLVD
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOT Registered Agent's name required when reinstating)

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, 2001 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

TITLE CD ☐ Delete
NAME LE MEE, EMILE H
STREET ADDRESS 57 BATH STREET
CITY-ST-ZIP ST HELIER KERSEY, UK

TITLE D ☐ Delete
NAME CROSHAW, PHILIP
STREET ADDRESS THE AVENUE SARK CHANNEL
CITY-ST-ZIP ISLANDS, UK

TITLE D ☐ Delete
NAME LANYON, JOAN
STREET ADDRESS THE AVENUE SARK CHANNEL
CITY-ST-ZIP ISLANDS, UK

TITLE S ☐ Delete
NAME WJNSULLER, DONOVAN G
STREET ADDRESS 57 BATH STREET
CITY-ST-ZIP ST HELIER JERSEY UK

TITLE D ☐ Delete
NAME STEBENNE, RALPH E
STREET ADDRESS 8117 MISTY OAKS BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RALPH E. STEBENNE *Ralph E. Stebenne* 5-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90001 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)