

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90128 007 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

STEBENNE, RALPH E
8117 MISTY OAKS BLVD
SARASOTA FL 34243

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

SIGNATURE *Ralph E. Stebenne*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Ralph E. Stebenne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 941-351-5101
Date Daytime Phone #

CR2E034 (10/02)