## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # F9800001746 Mar 09, 2000 8:00 am 1. Entity Name n. 1 **Secretary of State** WIEGEL ENTERPRISES, INC. 03-09-2000 90112 042 \*\*\*150.00 Mailing Address Principal Place of Business 6769 ENTRADA PL 6769 ENTRADA PL **BOCA RATON FL 33433-2742 80CA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 36-3719426 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELMORE, JANET Street Address (P.O. Box Number is Not Acceptable) 6769 ENTRADA PL **BOCA RATON FL 33433** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 10 F & 12 11/1 20 15 15 15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11/20/2004 12 Addition PTD ☐ Delete ☐ Change TITI F TITLE ELMORE, JANET L NAME STREET ADDRESS STREET ADDRESS **6769 ENTRADA PL** CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** Change Addition Delete TITLE TITLE WIEGEL, JEAN C NAME NAME STREET ADDRESS 1550 N. LAKE SHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 Addition Change TITLE ☐ Delete TITLE MEIER, JOANNE RAE NAME NAME STREET ADDRESS STREET ADDRESS CH DES VIEUX SAULES, 1295 CITY-ST-ZIP CITY-ST-ZIP TANNAY/VD, SWITZERLAND ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Λ

Janet Elmore