

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81238

1. Entity Name

W & R CHIPPING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90064 017 ***150.00

Principal Place of Business

Mailing Address

RT. 2 BOX 1538
PONCE DE LEON FL 32455

RT. 2 BOX 1538
PONCE DE LEON FL 32455-9802

2. Principal Place of Business

2892 Bill Leavins Ln.

3. Mailing Address

2892 Bill Leavins Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponce de Leon, Fl.

City & State

Ponce de Leon, Fl.

4. FEI Number

59-2366811

Applied For

Not Applicable

Zip

32455

Country

USA

Zip

32455

Country

USA

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

LEAVINS, WILLIAM A
RT. 2 BOX 1538
PONCE DE LEON FL 32455

Name

Street Address (P.O. Box Number is Not Acceptable)

2892 Bill Leavins Ln.

City

Ponce de Leon

FL

Zip Code
32455

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

(NOTE: Registered Agent signature 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME LEAVINS, WILLIAM A
STREET ADDRESS RT. 2 BOX 1538
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE DP ☒ Change ☐ Addition
NAME Leavins, William A
STREET ADDRESS 2892 Bill Leavins Ln.
CITY-ST-ZIP Ponce de Leon, Fl. 32455

TITLE DV ☐ Delete
NAME LEAVINS, RAYMOND A
STREET ADDRESS RT. 2 BOX 1538
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE DV ☒ Change ☐ Addition
NAME Leavins, Raymond A
STREET ADDRESS 2847 Magnolia St.
CITY-ST-ZIP Ponce de Leon, Fl. 32455

TITLE D ☐ Delete
NAME SCOTT, WILMA L
STREET ADDRESS RT. 1 BOX 269
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE D ☒ Change ☐ Addition
NAME Scott, Wilma L.
STREET ADDRESS 1554 Government St.
CITY-ST-ZIP Ponce de Leon, Fl. 32455

TITLE D ☐ Delete
NAME LEAVINS, RYAN A
STREET ADDRESS RT. 2 BOX 1538
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE D ☒ Change ☐ Addition
NAME Leavins, Ryan A
STREET ADDRESS 2892 Bill Leavins Ln.
CITY-ST-ZIP Ponce de Leon, Fl. 32455

TITLE DS ☐ Delete
NAME BROWN, WANDA LEAVINS
STREET ADDRESS ROUTE 2 BOX 818
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE DS ☒ Change ☐ Addition
NAME Brown, Wanda Leavins
STREET ADDRESS Rt. 2 Box 110M
CITY-ST-ZIP Westville, Fl. 32464

TITLE DT ☐ Delete
NAME LEAVINS, RUBY C
STREET ADDRESS RT. 2 BOX 1538
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE DT ☒ Change ☐ Addition
NAME Leavins, Ruby C
STREET ADDRESS 2892 Bill Leavins, Ln.
CITY-ST-ZIP Ponce de Leon, Fl.

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:

Raymond A. Leavins

Raymond A. Leavins 3-27-00 (850)836-4194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #