2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H58377

WINGATE, DONALD A.,

110 MERICAM CT.

KILLARNEY, FL

Name:

Address: City-St-Zip:

Entity Name: WINGATE INVESTMENTS, INCORPORATED

FILED Mar 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4938 W. COLONIAL DR. 670 KISSIMMEE AVE 670 KISSIMMEE AVE OCOEE, FL 34761 US OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** POBOX6 P O BOX 220 UNIT 5 KILLARNEY, FL 34740 US KILLARNEY, FL 34740 US FEI Number: 59-2546996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARRISH, LORETTA W. 1325 CALATHEA DRIVE ORLANDO, FL 32818 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WINGATE, KENNETH R., WINGATE, KENNETH R., Name: Name: 11149 ROBERTSON RD. 11149 ROBERTSON RD. Address: Address: City-St-Zip: ZOLFO SPRINGS, FL City-St-Zip: WINTER GARDEN, FL 34787 Title: DSV Title: () Change () Addition () Delete Name: PARRISH, LORETTA W., Name: 1325 CALATHEA DR. Address: Address: ORLANDO, FL City-St-Zip: City-St-Zip: Title: Title: DTV () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD A WINGATE DTV 03/18/2002