

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**  
 09-11-2002 90129 020 \*\*\*150.00

**DOCUMENT # J00833**

1. Entity Name  
**WHEELCHAIRS PLUS, INC.**

Principal Place of Business

**5150-6 TIMUQUANA RD  
 P.O. BOX 7310  
 JACKSONVILLE FL 32238-4310**

Mailing Address

**5150-6 TIMUQUANA RD  
 P.O. BOX 7310  
 JACKSONVILLE FL 32238-4310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2637419**

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

**MCENANY, THOMAS J  
 2006 SALT MYRTLE LANE  
 ORANGE PARK FL 32073**

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.

(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, 2002 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 ☐ Delete  
 NAME **DP MCENANY, THOMAS J.**  
 STREET ADDRESS **5150-6 TIMUQUANA RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

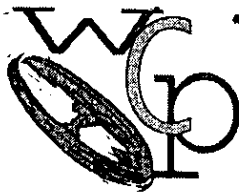
**9/10/02**

Date

**904 779-5603**

Daytime Phone #

CR2E034 (9/01)



Attachment  
980081  
# J00833  
**WHEELCHAIRS PLUS, INC.**

Post Office Box 7310 • Jacksonville, Florida 32238-7310 • (904) 779-5603

September 10, 2002

State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Uniform Business Report

Gentlemen:

Please find enclosed our annual Uniform Business Report for 2002. Our controller, Karen Jones, developed colon cancer, requiring her to be out of work for the last year, therefore, the reports were not filed in a timely fashion.

We are respectfully submitting our request for a one-time waiver of the late fee due to these unusual circumstances. We would appreciate your consideration in this matter.

Sincerely,

Thomas J. McEnany  
President



**Joint Commission**  
on Accreditation of Healthcare Organizations