

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90006 019 ***550.00

DOCUMENT # J09923

1. Entity Name

WHEEL-MAN ENTERPRISES, INC.

Principal Place of Business

% WILLIAM M. OVERLOCK
 306 COMMERCE COURT S.W.
 WINTER HAVEN FL 33880

Mailing Address

% WILLIAM M. OVERLOCK
 306 COMMERCE COURT S.W.
 WINTER HAVEN FL 33880

2. Principal Place of Business

318 Commerce Ct

Suite, Apt. #, etc.

3. Mailing Address

318 Commerce Ct -

Suite, Apt. #, etc.

City & State

Winter Haven, FL 33880

City & State

Winter Haven, FL

Zip

33880

Country

Polk

Zip

33880

Country

Polk

4. FEI Number

59-2668358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

OVERLOCK, WILLIAM M.
 17 TERA LANE
 WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **OVERLOCK, WILLIAM M.**
 STREET ADDRESS **17 TERA LANE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ Delete
 NAME **OVERLOCK, JUDITH K.**
 STREET ADDRESS **17 TERA LANE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **William Overlock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01 863-299

Date

Daytime Phone #

CR2E034 (10/00)