

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J69313**

1. Entity Name

WIESEMANN ENTERPRISES, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90140 038 ***150.00

Principal Place of Business

Mailing Address

12550 ENTERPRISE BLVD.
PO BOX 10126
LARGO FL 34643
US12550 ENTERPRISE BLVD.
PO BOX 10126
LARGO FL 33773-0126
US

2. Principal Place of Business

12450 Enterprise Blvd.

Suite, Apt. #, etc.

P.O. Box 10655

City & State

3. Mailing Address

12450 Enterprise Blvd.

Suite, Apt. #, etc.

P.O. Box 10655

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2802975**

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

33773

Country

Zip

33773-0655

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIESEMANN, GAIL
10388 LONGWOOD DRIVE
LARGO FL 34647

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

Gail Wiesemann1/28/00

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WIESEMANN, BRUCE O.
10388 LONGWOOD DRIVE
LARGO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WIESEMANN, GAIL L.
10388 LONGWOOD DRIVE
LARGO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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:

Gail Wiesemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

727-532-0777

Daytime Phone #