

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90940 003 ***150.00

DOCUMENT # J69313

1. Entity Name
WIESEMANN ENTERPRISES, INC.



Principal Place of Business
12450 ENTERPRISE BLVD
PO BOX 10655
LARGO FL 33773
US

Mailing Address
12450 ENTERPRISE BLVD
PO BOX 10655
LARGO FL 33773
US



2. Principal Place of Business
10388 Longwood Dr.
Suite, Apt. #, etc.

3. Mailing Address
10388 Longwood Dr
Suite, Apt. #, etc.

City & State
LARGO, FL

City & State
LARGO, FL

Zip
33777 Country
US

Zip
33777 Country
US

4. FEI Number **59-2802975**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WIESEMANN, GAIL
10388 LONGWOOD DRIVE
LARGO FL 34647

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIESEMANN, BRUCE O. 10388 LONGWOOD DRIVE LARGO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WIESEMANN, GAIL L. 10388 LONGWOOD DRIVE LARGO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Wiesemann

02/20/03 727-399-2614

Date

Daytime Phone #

CR2E034 (10/02)