

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90069 008 \*\*\*150.00

0460128

**DOCUMENT # K09180**

1. Entity Name  
**WIGGINS & VILLACORTA, P.A.**

Principal Place of Business

**2145 DELTA BLVD  
 STE 200  
 TALLAHASSEE FL 32303  
 US**

Mailing Address

**P.O. DRAWER 1657  
 TALLAHASSEE FL 32302  
 US**

**625893**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**513 N. Meridian**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State

4. FEI Number **59-2875819**

Applied For  
 Not Applicable

Zip Country  
**32301 US**

Zip Country

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

6. Name and Address of Current Registered Agent

**WIGGINS, PATRICK K  
 2145 DELTA BLVD  
 STE 200  
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**513 N. Meridian**  
 City **Tallahassee** **FL** Zip Code **32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D WIGGINS, PATRICK K.**  
 STREET ADDRESS **2145 DELTA BLVD STE 200**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **513 N. Meridian**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D VILLACORTA, KATHLEEN**  
 STREET ADDRESS **2145 DELTA BLVD STE 200**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **2057 Florida Avenue**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 *Patrick K Wiggins* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 850-224-8422  
Date Daytime Phone #

CR2E034 (10/00)