

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30179

1. Entity Name

WHEELER ASSOCIATES, INC.

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90020 037 \*\*\*150.00

Principal Place of Business

201 WHISPER LAKE RD.  
PALM HARBOR FL 34683  
US

Mailing Address

201 WHISPER LAKE RD.  
PALM HARBOR FL 34683  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2983308

Applied For

Not Applicable

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

WHEELER, DONALD F.  
201 WHISPER LAKE RD.  
PALM HARBOR FL 34683

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
STREET ADDRESS WHEELER, DONALD F.  
CITY-ST-ZIP 201 WHISPER LAKE RD.  
PALM HARBOR FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS WHEELER, STEPHANIE K.  
CITY-ST-ZIP 201 WHISPER LAKE RD.  
PALM HARBOR FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DH#L30129  
D0069765

**WHEELER ASSOCIATES INC.  
P.O. BOX 6750  
OZONA, FL 34660  
OFFICE TEL 727-785-6400 \*\*FAX 727-789-1752**

Thursday, July 06, 2000

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear : Katherine Harris, On July 6th, I received my Uniform Business Report. I never got the original renewal form that was due in May. Enclosed is the "Second Notice" and a check for the original \$150.00 that was due in May. I hope this will be acceptable as I did not realize the form was due. I have never been late on renewing my corporation. If you have any questions please call me at (727) 785-6400 or 201 Whisper Lake Rd. Palm Harbor, FL. 34683.

Sincerely,



Don Wheeler  
Wheeler Associates, Inc.