DOCUMENT # L30179

1. Entity Name

WHEELER ASSOCIATES, INC.

Principal Place of Business 201 WHISPER LAKE RD. PALM HARBOR FL 34683

Mailing Address

201 WHISPER LAKE RD. PALM HARBOR FL 34683

US

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED Jan 31, 2001 8:00 am Secretary of State

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S. Confincate of Status Desired \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									No	ot Applicable
WHEELER, DONALD F. 201 WHISPER LAKE RD. PALM HARBOR FL 34883 City FL Zip Code City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its intangible Tax tiling requirement and excits to do so. Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Registered Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department of State (NOTE Application) Make Check Payable to Department	Zip		,		Country	5.	Certificate of Status Desired			
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	13. I hereby c	ertify that the	information supplied with this	filing dogs not qualify for the		d in Continu	10.07/2\(0). Flavide 0	ula a	di al 21	

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

1-19-01

727-785-640

Daytime Phone #