

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001162

1. Entity Name
WIRGES & MEEKER, C.P.A.'S, L.C.

Principal Place of Business
13902 N. DALE MABRY, SUITE 160
TAMPA FL 33618

Mailing Address
13902 N. DALE MABRY, SUITE 160
TAMPA FL 33618-2430

FILED

00 JAN 12 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2142367

Applied For

Not Applicable

Zip

Country

HILLSBOROUGH

Zip

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, GEORGE W
14499 N. DALE MABRY HIGHWAY, SUITE 166
TAMPA FL 33618

Name
FRANK F. WIRGES, JR

Street Address (P.O. Box Number is Not Acceptable)

4601 FAIRWAY DR

City

TAMPA

FL

Zip Code

33603

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

FRANK F. WIRGES, JR MEMBER 1/5/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WIRGES, FRANK F JR.
13902 N. DALE MABRY, SUITE 160
TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100003103701--2
-01/20/00--01013--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MEEKER, TAMMY
13902 N. DALE MABRY, SUITE 160
TAMPA FL 33618 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

FRANK F. WIRGES, JR

member Date

(813) 960-8390

Daytime Phone #