

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 022 ****50.00

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**

909279

2. Principal Place of Business

1346 W. FLETCHER AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

Country

33612

HILLSBOROUGH

Zip

Country

USA

4. FEI Number

52-2142367

Applied For

Not Applicable

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

**WIRGES, FRANK F JR.
4601 FAIRWAY DRIVE
TAMPA FL 33603**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1346 W. FLETCHER AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

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

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1346 W. FLETCHER AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/02 (813) 960-8390
FRANK F. WIRGES, JR. MEMBER

CR2E083 (9/01)