## **2001 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business

DOCUMENT # \_\_L9900004108 WIGWAM & ASSOCIATES, LLC

Mailing Address

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FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 482 SADDELL BAY LOOP<br>OCOEE FL 34761 |                                  |                                       | 482 SADDELL BAY LOOP<br>OCOEE FL 34761 |               |  |   |  |                    | 11 81881 11811                    | 1 <b>20(8)</b> 1811 1 <b>20</b> 1 |     |
|--|----------------------------------|---------------------------------------|--|---------------|--|---|--|--------------------|-----------------------------------|-----------------------------------|-----|
|  |                                  |                                       |  |               |  |   |  |                    |                                   |                                   |     |
| 2. Principal Place of Business         |                                  | ] 3. M                                | 3. Mailing Address                     |               |  |   | ) 100)(01) 010 (01) 010 1011 011 011 011 | II 89III 88III 88I | 11 81887 17811                    | 1 88101 1811 1801                 |     |
| Suite, Apt. #, etc.                    |                                  | ·s                                    | 'Suite, Apt. #, etc.                   |               |  |   | DO NOT WRITE IN THIS SPACE               |                    |                                   |                                   |     |
| City & State                           |                                  | C                                     | City & State                           |               |  | ADDITED COD-                                |  |                    | Applied For<br>Not Applicable     | 7                                 |     |
| Zip                                    | Country                          |                                       | Zip Coun                               |               | try  | 5. Certi                                    | 5. Certificate of Status Desired         |                    | \$5.00 Additional<br>Fee Required |                                   | ]   |
|  | 6. Name and Addr                 |                                       |  |               | 7. Nam   | 7. Name and Address of New Registered Agent |  |                    |                                   |                                   |     |
|  |                                  | Name                                  |  |               |  |   |  |                    |                                   |                                   |     |
| PIPKORN, TIMOTHY G                     |                                  |                                       | Street Address                         |               |  | ss (P.O. Box N                              | (P.O. Box Number is Not Acceptable)      |                    |                                   |                                   |     |
|  | DELL BAY LOOP                    | · · · · · · · · · · · · · · · · · · · |  |               |  |   |  |                    |                                   | 1                                 |     |
| OCOEE F                                | L 34761                          |                                       |  |               |  |   |  |                    |                                   |                                   |     |
|  |                                  |                                       |  |               | City   |   |  | FL                 | Zip Coo                           | de                                | 1   |
| 8. The above                           | named entity submits t           | his statement for the pu              | urpose of changing its                 | registere     | ed office or regi  | stered agent,                               | or both, in the State of Flor            | rida.              |                                   |                                   | 1   |
|  | •                                |                                       |  | Ū             | Ū  |   |  |                    |                                   |                                   | 1   |
| SIGNATURE .                            | Signature, typed or printed name | e of registered egent and title if    | applicable /NOTE                       | Pagistarer    | 1 Agent signature req  | uired when rejected                         | ina                                      | DATE               |                                   | <del></del>                       | 1   |
|  | Signature, typed or printed harr | e Ol tegistored agent and the n       | аррисале. (чота                        | . negatorot   | 1 When the side of | DII OC WILDIN TONISLEU                      |  |                    |                                   |                                   | 1   |
|  |                                  |                                       | FILE NO                                | ) !!! WC      | FEE IS \$50.0  | 00  |  |                    |                                   |                                   |     |
|  |                                  |                                       | Make Check Pa                          | yable to      | o Departmen  | t of State                                  |  |                    |                                   |                                   | -   |
| 9.                                     | MAN                              | AGING MEMBERS/M                       | EMBEDO                                 | 10.           |  |   | ADDITIONS/                               | CHANGES            |                                   | <del></del> _                     | -   |
| TITLE                                  | MGRM                             | NAGING MEMBERS/M                      | ☐ Delete                               | TITLE         |  |   | Abbillono                                |                    | Change                            | Addition                          | 15  |
| NAME                                   | PIPKORN, TIMOTHY                 | ′ G                                   | □ peléte                               | NAME          | - 1  |   |  | ,                  |                                   |                                   | 1   |
| STREET ADDRESS                         | 482 SADDELL BAY                  |                                       |  | STRE          | ET ADDRESS   |   | •  |                    |                                   |                                   | 8   |
| CITY-ST-ZIP                            | OCOEE FL 34761                   |                                       |  | CITY-         | -ST-ZIP  |   | <u> </u>                                 |                    |                                   |                                   | 1 5 |
| TITLE                                  | ,                                |                                       | ☐ Delete                               | TITLE         |  |   |  | {                  | Change                            | Addition                          | 6   |
| NAME                                   |                                  |                                       |  | NAME          | E<br>Et address  |   |  |                    |                                   |                                   | 1   |
| STREET ADDRESS CITY-ST-ZIP             | į.                               |                                       |  | 1             | -ST-ZIP  |   |  |                    |                                   |                                   | İ   |
| TITLE                                  |                                  | <del></del>                           | ☐ Delete                               | - TITLE       | <del></del>  | -   |  |                    | ☐ Change                          | - F 🔲 Addition                    | 1   |
| NAME =====                             |                                  |                                       |  | NAME          | , ==-  |   | 100004                                   | 017                | ១៩វ                               | [4                                |     |
| STREET ADDRESS                         |                                  |                                       |  | STRE          | ET ADDRESS   |   | 100004<br>-04/19                         | )/010              | 1016-                             | -011                              |     |
| CITY-ST-ZIP                            |                                  |                                       | <u> </u>                               | CITY-         | -ST-ZAP  |   | ****                                     | <u> </u>           | 米米米字                              | *5U.UU                            | ]   |
| TITLE                                  |                                  |                                       | ☐ Delete                               | TITLE         |  |   |  | . [                | _ Change                          | Addition A                        |     |
| NAME<br>STREET ADDRESS                 |                                  |                                       |  | NAME<br>CTRES | ET ADDRESS   |   |  |                    |                                   |                                   |     |
| CITY-ST-ZIP                            |                                  |                                       |  |               | -ST-ZIP  | ·   |  |                    |                                   |                                   |     |
| TITLE                                  |                                  |                                       | ☐ Delete                               | TITLÉ         |  | <del>_</del>                                | <u> </u>                                 |                    | Change                            | ☐ Addition                        | 1   |
| NAME                                   | ,<br>,                           |                                       |  | NAME          | J  |   |  | ·                  |                                   |                                   | l   |
| STREET ADDRESS                         |                                  |                                       |  |               | ET ADDRESS   |   |  |                    |                                   | •                                 |     |
| CITY-ST-ZIP                            | <u> </u>                         |                                       |  | CITY-         | -ST-ZIP  |   |  | <del></del>        |                                   |                                   | 1   |
| TITLE                                  |                                  |                                       | ☐ Delete                               | TITLE         | J  |   |  | [                  | ☐ Change                          | Addition Addition                 |     |
| NAME<br>STREET ADDRESS                 |                                  |                                       |  | NAME          | ET ADDRESS   |   |  |                    |                                   |                                   |     |
| CITY-ST-ZIP                            |                                  |                                       | •                                      |               | ST-ZIP   |   |  |                    |                                   |                                   |     |
| 1                                      | ertify that the information      | n supplied with this filir            | na does not availed for                |               |  | Section 119 (                               | 07(3)(i) Florida Statutes I              | further certifi    | that the                          | information                       | 1   |

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes,

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE