

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90007 011 ***150.00

DOCUMENT # P00000004586

1. Entity Name

E.J. WHEELER, INC.

Principal Place of Business

**4100 NORTH A-1-A UNIT 413
 FORT PIERCE FL 34949**

Mailing Address

**4100 NORTH A-1-A UNIT 413
 FORT PIERCE FL 34949**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0984176

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 12, 2001 Fee 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 WHEELER, EDWARD J
 4100 NORTH A-1-A UNIT 413
 FORT PIERCE FL 34949** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
 Edward J. Wheeler

7/9/01

(560) 626-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/01)

Attachment
Doc# P00000004586
C6073441

7/9/01

Good Morning:

I am a new corporation in the State of Florida.

I just spoke to a young man in your dept & he advised me to send this letter.

I never rec'd the original business report form in Jan 2001. There was another family with the last name Wheeler in the same complex & we always got each others mail frequently.

Enclosed pls find the signed form & my check for \$150 - as instructed by the young man

Thank You

Sincerely

Edward J. Wheeler