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

## Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P0000064503 1. Entity Name WHEELER REAL ESTATE SERVICES, INC. 04-14-2001 90038 032 \*\*\*150.00 Principal Place of Business Mailing Address 17 N. 10TH ST. 17 N. 10TH ST. HAINES CITY FL 33844 HAINES CITY FL 33844 2. Principal Place of Busines 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent KIMBREL, WILLIAM W SR. 116 W. CYPRESS DAVENPORT FL 33836 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax-filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-President ISCC/ Treas Delete Audition Change TITLE NAME NAME KIMBREL, WILLIAM W STREET ADDRESS STREET ADDRESS 116 CYPRESS W. CITY-ST-ZIF CITY-ST-ZIP DAVENPORT FL 33836 TITLE Delete Change ☐ Addition NAME WHEELER, RICHARD T STREET ADDRESS STREET ADDRESS 805 LAKE VILLA WAY CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 TITLÈ ~ Change ☐ Addition TITLE NAME KIMBREL, MIRIAM W NAME STREET ADDRESS STREET ADDRESS 116 CYPRESS W. CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33836 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Leek lokeder - Leek lo