

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099491

1. Entity Name
WAMBLE ENTERPRISES, INC.

Principal Place of Business
500 HWY 98 EAST
DESTIN FL 32541

Mailing Address
500 HWY 98 EAST
DESTIN FL 32541

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ANCHORS, C LEDON
909 MAR WALT DRIVE STE 1014
FT WALTON BEACH FL 32547

4. FEI Number 59-3683145 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Russell Wamble

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

500 Hwy 98 E.

City Destin

FL

Zip Code 32541

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)

8-29-01

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

TITLE D
NAME WAMBLE, RUSSELL
STREET ADDRESS 500 HWY 98 EAST
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V.P. Sec. TREAS VST
NAME Joy A. Wamble
STREET ADDRESS 500 Hwy 98 E.
CITY-ST-ZIP Destin FL 32541 ☐ Change ☒ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-01

Date

850-837-6171

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 045 ***550.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)