

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0496065 AV

**DOCUMENT # P01000058276**

1. Entity Name  
**WHEATLEY ENTERPRISES, INC.**

02-05-2002 90075 044 \*\*\*155.00

Principal Place of Business

**4001 N TAMiami TRAIL  
 SUITE 330  
 NAPLES FL 34103**

Mailing Address

**4001 N TAMiami TRAIL  
 SUITE 330  
 NAPLES FL 34103**



2. Principal Place of Business

3. Mailing Address

**9193 TROON LAKES DR LANSIDE, WINTERPIT LANE**  
 Suite, Apt. #, etc.

**MANNINGS HEATH.**

DO NOT WRITE IN THIS SPACE

City & State

**NAPLES, FLORIDA**

City & State

**HORSHAM, SUSSEX**

Zip

**34109**

Country

**USA**

Zip

**RH13 6LZ**

Country

**ENGLAND.**

4. FEI Number

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEBERFARB, STANLEY J  
 4001 N TAMiami TRAIL  
 SUITE 330  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **J. A. WHEATLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9193 TROON LAKES DRIVE.**  
 City **NAPLES** FL Zip Code **34109**

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 **J. A. WHEATLEY**  
 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 ☒ Delete  
 NAME **D LIEBERFARB, STANLEY J**  
 STREET ADDRESS **4001 N TAMiami TRAIL SUITE 330**  
 CITY-ST-ZIP **NAPLES FL 34103**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **MR. S/D; V/S; V/T/D.**  
 STREET ADDRESS **J. A. WHEATLEY.**  
 CITY-ST-ZIP **9193 TROON LAKES DRIVE.**  
**NAPLES, FLORIDA 34109**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **SIGNATURE REQUIRED J. A. WHEATLEY. JANUARY 15, 2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **1403 361456 UK**

CR2E034 (9/01)