8/15

FILED
Sep 03, 2002 8:00 am
Secretary of State

08-15-2002 90047 019 ***550.00

[redacted]

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073626

1. Entity Name
CARL H WIGGS JR., INC.

Principal Place of Business	Mailing Address
~~5140 S. SHORELINE DRIVE~~ ~~FLORAL CITY FL 34436~~	~~5140 S. SHORELINE DRIVE~~ ~~FLORAL CITY FL 34436~~

2. Principal Place of Business		3. Mailing Address	
705 Boardwalk Dr		c/o BRIAN LYNN	
Suite, Apt. #, etc.: # 424		Suite, Apt. #, etc.: Two So. University Dr STE 215	
City & State: Ponte Verdra Bch		City & State: PLANTATION FL	
Zip: FL	Country: 32082	Zip: 33324	Country: BROWARD

4. FEI Number 59-3733466 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIGGS, CARL H JR
~~5140 S. SHORELINE DRIVE~~
~~FLORAL CITY FL 34436~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
705 Boardwalk Drive # 424

City Ponte Verdra Bch FL Zip Code 32082

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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	Pres CARL WIGGS 705 Boardwalk Dr #424 Ponte Verdra Bch FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	/	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E034 (4/02)

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 [signature] 8/13/02 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARL Wiggs Jr