

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91311 016 ***150.00

DOCUMENT # P01000076592
1. Entity Name
THOMAS A. WENINGER REAL ESTATE INCORPORATED

Principal Place of Business
1402 PLEASANT OAK LN
ORLANDO FL 32804

Mailing Address
1402 PLEASANT OAK LN
ORLANDO FL 32804

2. Principal Place of Business
1825 CLARIAGE CT

3. Mailing Address
1825 CLARIAGE CT

City & State
MAITLAND, FL

City & State
MAITLAND, FL

Zip
32751

Country

4. FEI Number
59-3742276

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

IKEJI, CHUCK
5990 BRAEMAR PL #104
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
D ☐ **Delete**
NAME
WENINGER, THOMAS A
STREET ADDRESS
1402 PLEASANT OAK LN
CITY-ST-ZIP
ORLANDO FL 32804

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ **Delete**
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: Thomas A. Weninger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 **407 421-4746**
Date **Daytime Phone #**

CR2E034 (9/01)