

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-24-2002 91325 029 \*\*\*150.00

**DOCUMENT # P01000091398**

1. Entity Name

**WIGGINS COMPANY PA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**974 HARBOR INN DRIVE**

Suite, Apt. #, etc.

**# 18**

City & State

**CORAL SPRINGS, FLORIDA**

Zip

**33071**

Country

**USA**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**SAME**

City & State

**SAME**

Zip

**SAME**

Country

**SAME**

4. FEI Number

**65-1147278**

Applied For

☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

**DAVID HANLEY ESQ.**

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

**200 E. LAS OLAS BLVD**

**SUITE 1900**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33301**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR RICHARD B. WIGGINS III 974 HARBOR INN DR # 18 CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard B. Wiggins III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD B. WIGGINS III - PRESIDENT**

**DIRECTOR**

Date

**4/30/02 954-232-0016**

Daytime Phone

CR2E034B (12/01)