

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 044 ***150.00

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DOCUMENT # P02000059194

1. Entity Name
WHEAT ENTERPRISES BEAL PARKWAY, INC.



Principal Place of Business
**4475 WOODBINE ROAD SUITE 7
PACE FL 32571**

Mailing Address
**4475 WOODBINE ROAD SUITE 7
PACE FL 32571**

2. Principal Place of Business
217 MIRACLE STRIP PKWY SW

3. Mailing Address
6091 ST. GEORGE'S STREET

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
FT. WALTON BEACH, FL

City & State
PACE, FL

4. FEI Number
01-0696818

Applied For
Not Applicable

Zip
32548

Country
USA

Zip
32571

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHEAT, TIMOTHY D
4475 WOODBINE ROAD SUITE 7
PACE FL 32571**

Name

Street Address (P.O. Box Number is Not Acceptable)
6091 ST. GEORGE'S STREET

City
PACE

FL

Zip Code
32571

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)

4/29/3
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHEAT, TIMOTHY D
6091 ST. GEORGE'S STREET
PACE FL 32571** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHEAT, TONNA D
6091 ST. GEORGE'S STREET
PACE FL 32571** ☐ Delete

TITLE
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V, S ☐ Change ☐ Addition

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☐ Delete

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy D. Wheat, President

4/29/3
Date

850 995-4050
Daytime Phone #

CR2E034 (10/02)