## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P93000048529

DOCUMENT #

PALM HARBOR FL 34683

SIGNATURE

1. Entity Name WIKLE REAL ESTATE, INC.



Principal Place of Business 3302 ALT. 19 NORTH

Mailing Address 3302 ALT. 19 NORTH PALM HARBOR FL 34683

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. Principal Place of Business		3. Mailing Address	1991 <del>1</del> 991	
<del></del>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		j
City & State		City & State	4. FEI Number	
Zin	Country	Zio	Country	

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90438 048 \*\*\*150.00

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DATE

59-3200979

Trust Fund Contribution.

5. Certificate of Status Desired

	l de Hedulad			
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent			
WIKLE, PAUL J 3302 ALT 19 NORTH PALM HARBOR FL 34683	Name Street Address (P.O. Box Number is Not Acceptable)			
A Company of the Comp	City Zip Code			

(NOTE: Registered Agent signature required when reinstating)

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.

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

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing

\$5.00 May Be

Applied For

\$8.75 Additional

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete ☐ Change ☐ Addition TITLE WIKLE, PAUL J NAME NAME STREET ADDRESS 3302 ALT 19 NORTH STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 cirector 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 attach

SIGNATURE: