

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074265

1. Entity Name

WINGHOUSE I, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 038 ***150.00

Principal Place of Business

4707 - 140TH AVENUE NORTH
 SUITE 104
 CLEARWATER FL 33762
 US

Mailing Address

4707 140TH AVE N.
 SUITE 104
 CLEARWATER FL 33771-4535
 US

2. Principal Place of Business

7421 Ulmerton Rd.

3. Mailing Address

7421 Ulmerton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-3208086

Applied For

Not Applicable

Zip

33771

Country

Zip

33771

Country

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

CRAWFORD F. KER,
 4707 140TH AVE N SUITE 104
 4707 140TH AVE., N. STE. 111
 CLEARWATER FL 33762

Name

Crawford F. Ker

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

7421 Ulmerton Rd.

City

Largo

FL

Zip Code

33771

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME CRAWFORD F. KER,
 STREET ADDRESS 4707 140TH AVE N SUITE 104
 CITY-ST-ZIP CLEARWATER FL

TITLE President ☒ Change ☐ Addition
 NAME Crawford F. Ker
 STREET ADDRESS 7421 Ulmerton Rd.
 CITY-ST-ZIP Largo, FL 33771

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)