

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90024 049 ***150.00

0499971 AV

DOCUMENT # P94000046872

1. Entity Name

THOMAS WANDERON & ASSOCIATES TAX ACCOUNTING, INC

Principal Place of Business

**868 106TH AVE. N.
 NAPLES FL 34108
 US**

Mailing Address

**868 106TH AVE. N.
 NAPLES FL 34108
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0499493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**THOMAS WANDERON
 9915 N. TAMiami TR
 #2
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **THOMAS WANDERON**
 Street Address (P.O. Box Number is Not Acceptable)
**868 106TH AVE. N.
 NAPLES, FL 34108**
 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

[Signature] **THOMAS WANDERON**
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

1/8/02
 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, 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	P	<input type="checkbox"/> Delete
NAME	WANDERON, THOMAS	
STREET ADDRESS	9915 N. TAMiami TR #2	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LAMB, JEFFREY	
STREET ADDRESS	9744 CAMPBELL CIRCLE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS WANDERON	
STREET ADDRESS	868 106TH AVE. N.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN YOUNGS	
STREET ADDRESS	868 106TH AVE. N.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **THOMAS WANDERON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 941-591-4334
 Date Daytime Phone #

CR2E034 (9/01)