

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90303 003 ***150.00

DOCUMENT # P94000075233

1. Entity Name
WIBLE AND WIBLE, INC.

Principal Place of Business 2516 WATER OAK CIR NAVARRE FL 32566 US	Mailing Address 2516 WATER OAK CIR NAVARRE FL 32566 US
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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 **59-3300460** 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

**WIBLE, JACK JR
 2516 WATER OAK CIRCLE
 NAVARRE FL 32566**

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	WIBLE, JACK JR 2516 WATER OAK CIRCLE NAVARRE FL 32566	S	Wible, Jack Jr 2516 Water Oak Circle Navarre, FL 32566
VP	WIBLE, JACK SR. 2516 WATER OAK CIRCLE NAVARRE FL 32566	T	Wible, Jack Jr 2516 Water Oak Circle Navarre, FL. 32566
T	WIBLE, DOROTHY N 2516 WATER OAK CIRCLE NAVARRE FL 32566		
S	WIBLE, LOIS H 2516 WATER OAK CIRCLE NAVARRE FL 32566		

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 REQUIRED**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)