

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033817

1. Entity Name

WINGHOUSE II, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90117 013 ***150.00

Principal Place of Business

Mailing Address

4707 140TH AVENUE NORTH
 SUITE 104
 CLEARWATER FL 33762
 US

4707 140 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

Zip

33771

Country

Zip

33771

Country

4. FEI Number

59-3312178

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

KER, CRAWFORD
 4707 140 AVE. N.,
 SUITE 104
 CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name Crawford 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

TITLE PD
 NAME KER, CRAWFORD F
 STREET ADDRESS 4707 S40 AVE. N. STE. 104
 CITY-ST-ZIP CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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TITLE
 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

Crawford Ker Pres. 4-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #