

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056336

1. Entity Name

WOMACK ENTERPRISES INC.

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

07-17-2000 90117 039 ***558.75

Principal Place of Business

1044 BURNETT ST
OVIEDO FL 32765
US

Mailing Address

10151 UNIVERSITY BLVD
STE 247
ORLANDO FL 32817
US

2. Principal Place of Business

175 Spring Chase Cir
Suite, Apt. #, etc.

3. Mailing Address

10151 University Blvd.
Suite, Apt. #, etc.
PMB Suite 247



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

City & State

Orlando FL

4. FEI Number

65-0597554

Applied For

Not Applicable

Zip

32714

Country

LISA

Zip

32817

Country

LISA

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

WOMACK, RICHARD
1044 BURNETT ST
OVIEDO FL 32765

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 *Richard L. Williams - Pres.* 7/11/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	WOMACK, RICHARD	
STREET ADDRESS	1044 BURNETT ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Richard L. Williams - Pres.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2000

Date

888-451-8834

Daytime Phone #

CR2EN34 (15/00)