

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003772

1. Entity Name

WNB ENTERPRISES, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90104 004 ***150.00

Principal Place of Business

6302 N MELVILLE AVE
TAMPA FL 33604
US

Mailing Address

6302 N MELVILLE AVE
TAMPA FL 33604-6328
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3356932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA
7345 JACKSON SPRINGS ROAD STE 3
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

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

N/A

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, 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: D BISHOP, WINFRED L
NAME: miss spelled
STREET ADDRESS: 6302 N MELVILLE AVE melville Ave
CITY-ST-ZIP: TAMPA FL 33604 ☐ Delete

TITLE: D BISHOP, NICOLE M
NAME:
STREET ADDRESS: 6302 N MELVILLE AVE
CITY-ST-ZIP: TAMPA FL 33604 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE: Bishop, Winfred L ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 6302 N. melville Ave
CITY-ST-ZIP: Tampa, FL 33604

TITLE: Bishop, Nicolem ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 6302 N. melville Ave
CITY-ST-ZIP: Tampa, FL 33604

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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: Bishop 4-7-00 813-872-7394

Date

Daytime Phone #