

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90083 032 ***150.00

DOCUMENT # P96000012468

1. Entity Name

WIGHTMAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1176 SILVERSTRAND
 NAPLES FL 33963

1176 SILVERSTRAND
 NAPLES FL 34110-4111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21302 Braxfield Loop

21302 Braxfield Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO

City & State

ESTERO

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

FL

Country

33928

Zip

FL

Country

33928

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

WIGHTMAN, HEATHER
 1176 SILVERSTRAND
 NAPLES FL 33963

Name

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

21302 Braxfield Loop

City

ESTERO

FL

Zip Code

33928

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WIGHTMAN, HEATHER	
STREET ADDRESS	1176 SILVERSTRAND	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGHTMAN, RICHARD	
STREET ADDRESS	1176 SILVERSTRAND	
CITY-ST-ZIP	NAPLES FL 33963	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A Wightman 4/25/00 941-498-1991

CR2E034 (9/99)