## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000012468 Apr 23, 2001 8:00 am Secretary of State WIGHTMAN ENTERPRISES, INC. 04-23-2001 90140 009 \*\*\*150.00 Mailing Address Principal Place of Business 21302 BRAXFIELD LOOP 21302 BRAXFIELD LOOP ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. NOT APPLICABLE Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WIGHTMAN, HEATHER Street Address (P.O. Box Number is Not Acceptable) 21302 BRAXFIELD LOOP ESTERO FL 33928 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SR2E034 (10/00) ☐ Addition Change TITLE ☐ Delete TITI F WIGHTMAN, HEATHER NAME NAME 21302 Braxfreld Loop 1176 SILVERSTRAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESKO FC 33928 NAPLES FL 33963 CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE WIGHTMAN, RICHARD NAME NAME 21302 Braxfield LOOP Estro FL 33928 STREET ADDRESS 1176 SILVERSTRAND STREET ADDRESS CITY-ST-ZIP NAPLES FL 33963 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SNATURE AND TYPED OF PRINTED NAME OF SIGNIFIC OFFICER OR DIRECTOR

SIGNATURE:

941-498-1991