

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

DOCUMENT # P96000012726

1. Entity Name

WIBLE & WITKA, INC.

04-09-2002 90733 030 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7020 Georgia Avenue

Suite, Apt. #, etc.

Suite A

City & State

West Palm Beach, FL

Zip
33405

Country
USA

3. Mailing Address

7020 Georgia Avenue

Suite, Apt. #, etc.

Suite A

City & State

West Palm Beach, FL

Zip
33405

Country
USA

B0061620

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0639326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

James Wible

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

120 Palomino Drive

City
Jupiter

FL

Zip Code
33458

**DO NOT WRITE
IN THIS SPACE**

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

James Wible, Pres. 03-28-02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
JAMES WIBLE
7020 GEORGIA AVENUE,
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VS
DANIEL WITKA
7020 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel G. Witka 03-28-02 561-547-1040

Date

Daytime Phone #

CR2E034B (12/01)