

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

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

04-09-2002 90733 030 \*\*\*150.00

**DOCUMENT #** P96000012726

1. Entity Name

WIBLE & WITKA, INC.

**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

*James E. Wible*  
Signature, typed or printed name of registered agent and title if applicable.

James Wible, Pres. 03-28-02

(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)

**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	DP	TITLE	
NAME	JAMES WIBLE	NAME	
STREET ADDRESS	7020 GEORGIA AVENUE,	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	DANIEL WITKA	NAME	
STREET ADDRESS	7020 GEORGIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Daniel G. Witka*

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)