

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 049 ***150.00

DOCUMENT # P 96 0000 31869
 Entity Name
WICC of Lee County, Inc.

Class of Business _____ Mailing Address
2122 SW 48th Terrace 2221 SW 43rd Lane
Cape Coral, FL 33914 Cape Coral, FL 33914

Principal Place of Business _____ 3. Mailing Address _____
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ City & State _____
 Zip _____ Country _____ Zip _____ Country _____

4. FEI Number 65-0659936 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name Pennylynn A. Trealout, CPA
 Street Address (P.O. Box Number is Not Acceptable) 1100 Fondelle Road, Unit # 514
 City North Fort Myers FL Zip Code 33903

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, typed or printed name of registered agent and title if applicable: Pennylynn A. Trealout, CPA Pennylynn A. Trealout, CPA DATE 4-25-00
 (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<u>P</u> Ernest William 2221 SW 43rd Lane Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<u>✓</u> Viviane William 2221 SW 43rd Lane Cape Coral, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Pennylynn A. Trealout, CPA POA Pennylynn A. Trealout, CPA Date 4-25-00 (941) 458-1850 Daytime Phone #

CR2E034 (9/99)