FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000084090** ONE-NINE INVESTMENTS, INC. 04-26-2001 90295 040 \*\*\*150.00 Principal Place of Business Mailing Address 3302 ALTERNATE 19 N. 3302 ALTERNATE 19 N. PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3403986 Not Apolicao e Zio $Z^{i}p$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLLINKA, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2312 U.S. HIGHWAY 19 HOLIDAY FL 34690 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 Signature, typed or printed name of registered agent and title if applicable, (NOTe: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax f ling requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Acdition NAME WIKLE, PAUL J. NAME STREET ADDRESS 3302 ALTERNATE 19 N. STREET ADDRESS CITY ST-ZIP CITY -ST-ZIP PALM HARBOR FL 34683 ☐ Delete TITLE □ Change Addition STEVENS, SCOTT NAME STREE" ADDRESS P.O. BOX 1054 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL BEACH FL 34681 TiTLE Delete 灯 Change TITLE Addition CARBAUGH, DANNY NAME 16407 Rustling Wind Rd. Brooksville, FC 34604 STREET ADDRESS 928 BAYSHORE DRIVE STREET ADDRESS CITY-S1-ZIP CITY+ST-7/2 TARPON SPRINGS FL 34689 TITLE ☐ Delete TITLE ☐ Chance Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 3001.5 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CITY - ST- ZIP 7111.6 Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ACORESS CITY-ST-Z:P 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), Forida 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:

-aufulle

Paul J. WiKle

4/18/0

727-787-2727

Daytime Priorie #