

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028410

1. Entity Name

WHEELS OF FIRE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90023 001 ***150.00

Principal Place of Business

Mailing Address

127 E. ZARA GOZA STREET, SUITE 206
PENSACOLA FL 32501

127 E. ZARA GOZA STREET, SUITE 206
PENSACOLA FL 32501-5989

00023400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3450720**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS AND SANDFORT ACCOUNTANTS INC.
127 E. ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501

Name

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

City

FL

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)

DATE

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPVT	VIELLEUX, ROBERT	508 E GOVT	PENSACOLA FL 32501				
DS	VIELLEUX, SANDY	508 E GOVT	PENSACOLA FL 32501				

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 provided 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

RECTOR

Date

Daytime Phone #

CR20034 (9/99)