

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080098

1. Entity Name

WINGFIELD TECHNOLOGY, INCORPORATED

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90021 048 \*\*\*150.00

Principal Place of Business

Mailing Address

2107 BAY BLVD  
APT 2  
INDIAN ROCKS BCH FL 33785  
US

2107 BAY BLVD  
APT 2  
INDIAN ROCKS BCH FL 33736-7241  
US

2. Principal Place of Business

774 Lentz Rd

3. Mailing Address

774 Lentz Rd

Suite, Apt., etc.

Apt 5

Suite, Apt., etc.

Apt 5

City & State

Belleair Bluffs, FL

City & State

Belleair Bluffs, FL

Zip

33770

Country

US

Zip

33770

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3468554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINGFIELD, JOSEPH S  
2107 BAY BLVD APT 2  
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent

Name

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

774 Lentz Rd Apt 5

City

Belleair Bluffs

FL

Zip Code

33770

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

TITLE P  
NAME WINGFIELD, JOSEPH SCOT  
STREET ADDRESS 2107 BAY BLVD., APT. 2  
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Wingfield, Joseph Scot  
STREET ADDRESS 774 Lentz Rd Apt 5  
CITY-ST-ZIP Belleair Bluffs, FL 33770 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Scot Wingfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Scot Wingfield*  
President

Date

1-22-2000

Daytime Phone #

727 439 2749

CR2E034 (9/99)