

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086093

1. Entity Name

WINGHOUSE OF FLORIDA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 030 ***150.00

Principal Place of Business

Mailing Address

4707 140TH AVENUE NORTH STE 104
CLEARWATER FL 33762
US

4707 140TH AVENUE NORTH STE 104
CLEARWATER FL 33762-3830
US

2. Principal Place of Business

3. Mailing Address

7421 Ulmerton Rd.
Suite, Apt. #, etc.

7421 Ulmerton Rd.
Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

Zip

33771

Country

4. FEI Number

59-3472634

Applied For

Not Applicable

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

MOORE, STEVEN W
%PATEL, MOORE & O'CONNOR, P.A.
2240 BELAIRE ROAD #160
CLEARWATER FL 33764

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 PD
NAME KER, CRAWFORD
STREET ADDRESS 4707 140TH AVENUE NORTH STE. 111
CITY-ST-ZIP CLEARWATER FL 34622 ☐ Delete

TITLE President - Director
NAME Ker, Crawford
STREET ADDRESS 7421 Ulmerton Rd.
CITY-ST-ZIP Largo, FL 33771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #