

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90079 046 \*\*\*150.00

**DOCUMENT # P97000109161**

1. Entity Name

**EDWARD E. WOERNER, INC.**

Principal Place of Business

22193 HWY 59 S  
SUITE F  
ROBERTSDALE AL 36567  
US

Mailing Address

PO BOX 2299  
SUITE 606  
ROBERTSDALE AL 36567  
US

**C0011055**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**28325 VARGO LANE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ELBERTA, AL**

City & State

4. FEI Number **58-2366972**

Applied For

Not Applicable

Zip

**36530**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KP&L SERVICES, INC.  
390 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

**TEMPLETON & COMPANY, P.A.**

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

**540 ROYAL PALM BEACH BOULEVARD**

City

**ROYAL PALM BEACH**

**FL**

Zip Code

**33411**

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, 2001 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**WOERNER, EDWARD E** ☐ Delete  
**26250 BRUHN ROAD**  
**ELBERTA AL 36530**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S**  
**GRUENLOH, WAYNE A** ☒ Delete  
**22193 HWY 59 S STE F**  
**ROBERTSDALE AL 36567**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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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:

*William Ray McCasie, CFO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/15/01*  
Date

*(334) 941-9784*  
Daytime Phone #

CR2E034 (10/00)