

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000018724**

1. Entity Name

WHEATON CONSULTING, INC.**FILED****Jan 14, 2000 8:00 am**
Secretary of State

01-14-2000 90019 025 ***150.00

Principal Place of Business

**2900 14TH ST. NORTH SUITE 58
NAPLES FL 34103**

Mailing Address

**2900 14TH ST. NORTH SUITE 58
NAPLES FL 34103-4589**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-2876456**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418**

Name

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

City

FL Zip Code**7. Name and Address of New Registered Agent**

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	D	<input checked="" type="checkbox"/> Delete
NAME	WHEATON, JAMES	
STREET ADDRESS	1517 GINGER WOOD CT.	
CITY-ST-ZIP	VIENNA VA 22182	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	James Wheaton	
STREET ADDRESS	10190 Boca Circle	
CITY-ST-ZIP	Naples, FL 34109	

TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Thomas Wheaton	
STREET ADDRESS	40720 Hannah Dr	
CITY-ST-ZIP	Waterford, Va 20197	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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), 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:**James Wheaton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jan. 7, 2000**
Date**(941) 261-0669**
Daytime Phone #