

UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P98000023712

1. Entity Name

Wingate and Associates, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

3337 E Silver Springs Blvd
Ocala FL 34470

2. Principal Place of Business

3. Mailing Address

3337 E Silver Springs Blvd
Suite, Apt. #, etc.
Ocala FL

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593500836

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

Kenneth T Wingate
6718 SW 13th St.
Gainesville FL 32608

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	Pres	<input type="checkbox"/> Delete
NAME	Ken Wingate	
STREET ADDRESS	6718 SW 13th St	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	Vice Pres	<input type="checkbox"/> Delete
NAME	Daniel Wingate	
STREET ADDRESS	6718 SW 13th St	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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700003368757--8
-08/23/00--01058--012
****150.00 ****150.00

KE

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

5/4/00

Date

(352) 348 5000

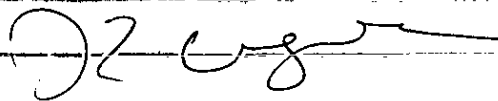
Daytime Phone #

CR2E034 (9/99)

To whom it may concern:

When my accountant informed me my UBR report was due I realized I had never recieved one. I called and spoke to someone who gave me the # to get the form and said that if I wrote a letter explaining the situation there would be no additional fine.

Thanks



Iker Wingate, Pres.