

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91160 034 \*\*\*150.00

DOCUMENT # P98000023712

1. Entity Name  
WINGATE AND ASSOCIATES, INC.



Principal Place of Business  
3337 E. SILVER SPRINGS BLVD.  
OCALA FL 34470

Mailing Address  
3337 E. SILVER SPRINGS BLVD.  
OCALA FL 34470

2. Principal Place of Business  
2425 NE 18th Pl  
Suite, Apt. #, etc.  
#104

3. Mailing Address  
2425 NE 18th Pl  
Suite, Apt. #, etc.  
#104

City & State  
Ocala FL

City & State  
Ocala FL

4. FEI Number 59-3500836

Applied For  
Not Applicable

Zip 34470 Country USA

Zip 34470 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WINGATE, KENNETH T.  
6718 SW 13TH ST.  
GAINESVILLE FL 32608

## 7. Name and Address of New Registered Agent

Name Wingate Kenneth T.  
Street Address (P.O. Box Number is Not Acceptable)  
2425 NE 18th Pl #104  
City Ocala FL Zip Code 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ken Wingate *[Signature]* 4/12/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WINGATE, KEN	
STREET ADDRESS	6718 SW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINGATE, JANICE	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/22/03 (352)368 5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)