

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000024248**

1. Entity Name

WHEELER ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

**ROUTE 3, BOX 6225
HILLIARD FL 32046**

Mailing Address

**ROUTE 3, BOX 6225
HILLIARD FL 32046**

2. Principal Place of Business

241178 CR 121

3. Mailing Address

241178 CR 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HILLIARD FL

City & State

HILLIARD FL

Zip

32046

Country

USA

Zip

32046

Country

USA

4. FEI Number

59-3500474

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

Warren S. Wheeler, Jr.

1/7/02

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, 2002 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 **PTD** ☐ Delete
NAME **WHEELER, WARREN STORY JR**
STREET ADDRESS **ROUTE 3, BOX 6225**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **SAME** ☒ Change ☐ Addition
NAME **241178 C.R. 121**
STREET ADDRESS **HILLIARD, FL 32046**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE **SD** ☐ Delete
NAME **WHEELER, JUDITH H**
STREET ADDRESS **ROUTE 3, BOX 6225**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **SAME** ☒ Change ☐ Addition
NAME **241178 C.R. 121**
STREET ADDRESS **HILLIARD, FL 32046**
CITY-ST-ZIP **HILLIARD, FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 a power of attorney.

SIGNATURE: *Warren S. Wheeler, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
Date

904-845-2686
Telephone

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90012 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)