

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000029480**1. Entity Name
W.I.F.E., INC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90018 047 ***150.00

Principal Place of Business
18 32ND AVE W
BRADENTON FL 34205
Mailing Address
2844 21ST ST. W.
BRADENTON FL 34205**021800**2. Principal Place of Business
1016 26th Ave. E.
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Units A & B
City & State

City & State

4. FEI Number **65-0824403**Applied For
Not ApplicableZip
34205
Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KANIPE, REBECCA J**
2844 21ST ST. W.
BRADENTON FL 34205**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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KANIPE, REBECCA J
2844 21ST ST. W.
BRADENTON FL 34205 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
KANIPE, DENNIS C
2844 21ST ST. W.
BRADENTON FL 34205 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRIER, MICHAEL D
2832 21ST STREET W.
BRADENTON FL 34205 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)