

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90016 043 \*\*\*150.00

**DOCUMENT # P98000044268**

1. Entity Name

**WICKENHEISER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

224 W. ILLIANA ST.  
 ORLANDO FL 32806

224 W. ILLIANA ST.  
 ORLANDO FL 32806-4432

110044608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3214 Lowndes Dr**

Suite, Apt. #, etc.

3. Mailing Address

**3214 Lowndes Dr**

Suite, Apt. #, etc.

City & State

**Winter PR FI**

City & State

**Winter PR FI**

4. FEI Number

**59-3509527**

Applied For

Not Applicable

Zip

**32791**

Country

**USA**

Zip

**32791**

Country

**USA**

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

**WICKENHEISER, CHRISTINA**  
**224 W. ILLIANA ST.**  
**ORLANDO FL 32806**

Name

**Wickenheiser Christina**

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

**3214 Lowndes Dr**

City

**Winter PR**

**FL**

Zip Code

**32791**

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

**Chris Wickenheiser**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-9-2000**

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	PT	<input type="checkbox"/> Delete
NAME	<b>WICKENHEISER, CHRISTOPHER</b>	
STREET ADDRESS	<b>224 ILLIANA ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>WICKENHEISER, CHRISTINA</b>	
STREET ADDRESS	<b>224 ILLIANA ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
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		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wickenheiser Christopher</b>	
STREET ADDRESS	<b>3214 Lowndes Dr</b>	
CITY-ST-ZIP	<b>Winter PR FI 32791</b>	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wickenheiser Christina</b>	
STREET ADDRESS	<b>3214 Lowndes Dr</b>	
CITY-ST-ZIP	<b>Winter PR FL 32791</b>	
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		

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:

**C. Wickenheiser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-2000**

Date

**407-718-4155**

Daytime Phone #

CR2034 (9/99)