

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90009 043 ***550.00

DOCUMENT # P98000046027

1. Entity Name
WEMLEY, INC.

Principal Place of Business

**1415 16TH ST.
 VERO BEACH FL 32960**

Mailing Address

**1255 47TH AVE.
 VERO BEACH FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2517048**

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

**RAPPEL, ROBERT DO JD
 2770 INDIAN RIVER BLVD., SUITES 313-315
 VERO BEACH FL 32960**

Name **Rappel, Robert DO JD**
 Street Address (P.O. Box Number is Not Acceptable) **Oak Point Professional Center #221**
5070 Highway A1A
 City **Vero Beach** FL Zip Code **32963**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEPLEY, DIANE	
STREET ADDRESS	1255 47TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEMMER, PAT	
STREET ADDRESS	3525 NW 50TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 32972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEMMER, DAVID	
STREET ADDRESS	3525 NW 50TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 32972	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEPLEY, STEVEN R	
STREET ADDRESS	1255 47TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-01 521-567-3150
 Date Daytime Phone #

UIC: 17 AI

CR2E034 (5/01)