

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096580

1. Entity Name

WHEATON ASSOCIATES, INCORPORATED

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90069 031 \*\*\*150.00

Principal Place of Business	Mailing Address
309 BRENTWOOD DR. TEMPLE TERRACE FL 33617	309 BRENTWOOD DR. TEMPLE TERRACE FL 33617-7209

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3543309	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHEATON, JAMIE LOU 309 BRENTWOOD DR. TEMPLE TERRACE FL 33617	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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	WHEATON, JAY R	NAME	
STREET ADDRESS	309 BRENTWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL 33617	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	WHEATON, JAMIE LOU	NAME	
STREET ADDRESS	309 BRENTWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR FL 33617	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: JAY R. WHEATON 6-00 813-899-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #