

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108384

1. Entity Name

THE WIRE HOUSE, INC.

Principal Place of Business

8159 ARLINGTON EXPRESSWAY  
UNIT #20  
JACKSONVILLE FL 32211

Mailing Address

PO BOX 15002  
JACKSONVILLE FL 32239

2. Principal Place of Business

1819 ROGERO RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

Zip

32211

Country

U.S.A.

Zip

Country

4. FEI Number

59-3466359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STARKEY, EVLYN  
8159 ARLINGTON EXPRESSWAY  
UNIT #20  
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

STARKEY, EVLYN

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

1819 ROGERO RD.

City

JACKSONVILLE

FL

Zip Code

32211

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

*Evlyn Starkey*

PRESIDENT EVLYN STARKEY

FEB. 7, 2001

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARKEY, JACK F 8159 ARLINGTON EXPRESSWAY UNIT 20 JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARKEY, EVLYN 8159 ARLINGTON EXPRESSWAY UNIT #20 JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STARKEY, JACK F. 1819 ROGERO RD. JACKSONVILLE, FL. 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARKEY, EVLYN 1819 ROGERO RD. JACKSONVILLE, FL. 32211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Evlyn Starkey* EVLYN STARKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 7, 2001

Date

904-762-0320

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE