

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010848

1. Entity Name

W.P.O. ENTERPRISES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90320 008 ***150.00

Principal Place of Business

Mailing Address

121 N.W. THIRD STREET
OCALA FL 34475

121 N.W. THIRD STREET
OCALA FL 34475-6640

2. Principal Place of Business

18 N.W. Third Avenue

3. Mailing Address

18 N.W. Third Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3563436

Applied For

Not Applicable

Zip

34475

Country

Marion

Zip

34475

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BULLARD, J W
121 N.W. THIRD STREET
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
18 N.W. Third Avenue

City
Ocala

FL

Zip Code
34475

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, 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

TITLE **D** ☐ Delete
NAME **SISTO, MICHAEL**
STREET ADDRESS **7097 S.E. 135TH STREET**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Delete
NAME **BROWN, JOSEPH D**
STREET ADDRESS **8605 S.W. 40TH AVE.**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Joe Brown Joseph D. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)