

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 026 ***150.00

DOCUMENT # P99000012159

1. Entity Name
JOANNIE WINGFIELD SCHOOL OF MUSIC, INC.



Principal Place of Business
**14100 MARTIN LUTHER KING HWY.
ALACHUA FL 32616**

Mailing Address
**P.O. BOX 1173
ALACHUA FL 32616**

(changed to 911 address)

Same



2. Principal Place of Business
15147 NW US Highway 441
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1173
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ALACHUA, FL

City & State
ALACHUA, FL

4. FEI Number
59-3559859

Applied For
☐ Not Applicable

Zip
32615 Country
ALACHUA

Zip
32616 Country
ALACHUA

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

**WINGFIELD, JOANNIE R
11923 NW 129TH TERR.
ALACHUA FL 32615**

Name **← SAME**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WINGFIELD, JOANNIE R**
STREET ADDRESS **11923 NW 129TH TERR.**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **D** ☒ Delete
NAME **WINGFIELD, EDGAR D**
STREET ADDRESS **11923 NW 129TH TERR.**
CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joannie R. Wingfield** *Joannie R. Wingfield* 4/22/03 353/213-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)