

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000014184**

1. Entity Name

**WIMMER ENTERPRISES INC****FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90072 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**MANHATTAN WAY**  
**ORANGE FL 32119****252 MANHATTAN WAY**  
**PT ORANGE FL 32119-7621****00029151**

2. Principal Place of Business

**878 Sugar House Drive**

3. Mailing Address

**878 Sugar House Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Port Orange FL**

City &amp; State

**Port Orange FL**

4. FEI Number

**59-3558628**

Applied For

**Not Applicable**

Zip

**32119**

Country

**U.S.**

Zip

**32119**

Country

**U.S.**5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**WIMMER, ERIC**  
**252 MANHATTAN WAY**  
**PT ORANGE FL 32119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**878 Sugar House Drive**

City

**Port Orange****FL**Zip Code  
**32119**

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	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	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Wimmer, Erice	878 Sugar House Drive	Port Orange FL		

CR2E034 (9/99)

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

Date

**3-6-00**

Daytime Phone #

**904-322-453**