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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # P99000014184 **Secretary of State** 1. Entity Name WIMMER ENTERPRISES INC 03-26-2001 90167 028 ***150.00 Principal Place of Business Mailing Address 878 SUGAR HOUSE DRIVE 878 SUGAR HOUSE DRIVE PT ORANGE FL 32119 PT ORANGE FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3558628 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIMMER, ERIC Street Address (P.O. Box Number is Not Acceptable) **878 SUGAR HOUSE DRIVE** PT ORANGE FL 32119 City 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00_ 9. This corporation is eligible to satisfy its Intangible 10.-Election Gampaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition WIMMER, ERICE NAME NAME 878 SUGAR HOUSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusted 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:

ERICH WIMMER

1-8-0

904-322-4532

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Daytime Phone #