

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015922

1. Entity Name

WHIZ BANG, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90045 005 ***150.00

Principal Place of Business Mailing Address
952 EAST SEMORAN BOULEVARD 952 EAST SEMORAN BOULEVARD
CASSELBERRY FL 32707 CASSELBERRY FL 32707-5633

2. Principal Place of Business 3. Mailing Address
1255 Belle Ave P.O. Box 300546
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Springs Florida Fern Park Florida
Zip Country Zip Country
32708 USA 32730-0546 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309043
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HERZ, MICHAEL L
952 EAST SEMORAN BOULEVARD
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name Herz, Michael L.
Street Address (P.O. Box Number is Not Acceptable)
9 Hitching Post Lane
City Casselberry FL Zip Code 32707

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	<input type="checkbox"/> Delete
NAME	HERZ, MICHAEL L	
STREET ADDRESS	9 HITCHING POST LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (407) 260-8869

Date

Daytime Phone #

CR2E034 (9/99)