

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90023 001 \*\*\*408.75  
 08-11-2000 90023 002 \*\*\*150.00

**DOCUMENT #** P99000020295

**1. Entity Name**  
 Wheels-N-Reels INC.

**Principal Place of Business**  
 2615 Enfinger Ln.  
 Ponce de Leon FL 32455

**Mailing Address**  
 P.O. Box 97  
 Ponce de Leon FL  
 32455

19415

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 59-3565614

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

**6. Name and Address of Current Registered Agent**  
 Dina Kennedy  
 2615 Enfinger Ln.  
 Ponce de Leon FL 32455

**7. Name and Address of New Registered Agent**  
 Name  
 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.

**SIGNATURE** Dina Kennedy Dina Kennedy 6-13-00  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dina Kennedy 2615 Enfinger Ln. Ponce de Leon FL 32455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Dina Kennedy Dina Kennedy 6-13-00 850 836-2555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)