

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053581

1. Entity Name

MICHAEL B. WINGO, P.A.

P

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90007 021 ***150.00

Principal Place of Business

P. O. BOX 229282
GLENWOOD FL 32722

Mailing Address

P. O. BOX 229282
GLENWOOD FL 32722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3580257

Applied For

Not Applicable

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

WINGO, MICHAEL B
3031 ROGERS RD.
GLENWOOD FL 32722

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$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
MICHAEL B. WINGO
3031 ROGERS RD
GLENWOOD, FL 32722

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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:

Michael B. Wingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

(904) 257-6030

Daytime Phone #

CR2E034 (5/00)

Attachment
P99000053581
AUG 17 30

Michael B. Wingo, P.A.
P.O. Box 229282
Glenwood, FL 32722

September 11, 2000

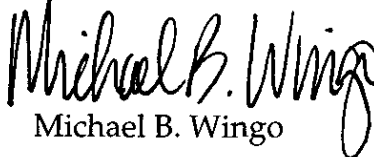
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report

Dear Sirs:

I enclose my check in the amount of \$150.00 for the filing fee for the uniform report. I would request a forbearance on the penalty for filing late. I did not receive the initial report. This is my first time filing a report and I was not aware a report was required to be filed each year.

Sincerely,


Michael B. Wingo

Enclosure