

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

0464594 AV

**DOCUMENT # P99000059715**

1. Entity Name

**WIGGINS MEDIA ENTERPRISES, INC.**

03-24-2002 90002 012 \*\*\*150.00

Principal Place of Business

**13799 PARK BLVD. N  
 # 54  
 SEMINOLE FL 33776**

Mailing Address

**13799 PARK BLVD. N  
 # 54  
 SEMINOLE FL 33776**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**# 254**

Suite, Apt. #, etc.

**# 254**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-3590506**

Applied For

Not Applicable

Zip

- Country -

Zip

- Country -

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

**WIGGINS, ROBERT E  
 13799 PARK BLVD. N  
 # 254  
 SEMINOLE FL 33776**

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 \$150.00  
 After May 1, 2002 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 ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **WIGGINS, ROBERT E**  
 CITY-ST-ZIP **13799 PARK BLVD. N**  
**SEMINOLE FL 33776**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Robert E Wiggins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

(727) 517-8662

Date

Daytime Phone #

CR2E034 (9/01)