

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096222

1. Entity Name
GET WIRED INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90081 032 ***150.00

Principal Place of Business

Mailing Address

STIRRUPWOOD CT.
ORLANDO FL 32818

8001 STIRRUPWOOD CT.
ORLANDO FL 32818-8201

2. Principal Place of Business

3. Mailing Address

2024 WINTERMERE POINTE DR.
Suite, Apt. #, etc.
WINTER GARDEN, FL
City & State
FLORIDA
Zip
34787
Country
USA

2024 WINTERMERE POINTE DR.
Suite, Apt. #, etc.
WINTER GARDEN
City & State
FLORIDA
Zip
34787
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3404084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, VICKI
8001 STIRRUPWOOD CT.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name
Vicki HAYNES
Street Address (P.O. Box Number is Not Acceptable)
2024 WINTERMERE POINTE DR.
City
WINTER GARDEN, FL
Zip Code
34787

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
Vicki Haynes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/19/00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	HAYNES, VICKI	<input type="checkbox"/> Delete
NAME	8001 STIRRUPWOOD CT.	
STREET ADDRESS	ORLANDO FL 32818	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNES, GARY	
STREET ADDRESS	8001 STIRRUPWOOD CT.	
CITY-ST-ZIP	ORLANDO FL 32818	
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	HAYNES VICKI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2024 WINTERMERE POINTE DR.		
STREET ADDRESS	WINTER GARDEN, FL. 34787		
CITY-ST-ZIP			
TITLE	HAYNES GARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2024 WINTERMERE POINTE DR.		
STREET ADDRESS	WINTER GARDEN, FL 34787		
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: *Vicki Haynes* Vicki L. HAYNES 4/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-054-5533

CR2E034 (9/99)