## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P99000097434 C.S. WHEELER BONDING, INC. 01-25-2001 90122 046 \*\*\*150.00 Mailing Address Principal Place of Business 2621 S. ORLANDO AVE., SUITE 4 2621 S. ORLANDO AVE., SUITE 4 SANFORD FL 32773 SANFORD FL 32773 A CONTRACTOR OF THE CONTRACTOR 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3288548 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGH JAMES MCDONNELL, P.A. Street Address (P.O. Box Number is Not Acceptable) 128 E. LIVINGSTON STREET ORLANDO FL 32801 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME MCLOUGHLIN. CHRISTOPHER NAME STREET ADDRESS STREET ADDRESS 2621 S. ORLANDO AVE., SUITE 4 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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. changed, or on an attachment ddress, with all other like empowered. **SIGNATURE:** Daytime Phone #