

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V16837

1. Entity Name
BOB WYLIE, INCORPORATED

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90130 023 ***150.00

Principal Place of Business Mailing Address
BOB WYLIE, INC. **P.O. BOX 6134**
1485 AMY DR **STE A**
YULEE FL 32097 **FERNANDINA BEACH FL 32035-6134**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3110640**

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

WYLIE, R. F. JR.
1485 AMY DR
YULEE FL 32097

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, 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	DPS	<input type="checkbox"/> Delete
NAME	WYLIE, R. F. JR.	
STREET ADDRESS	1485 AMY DR	
CITY-ST-ZIP	YULEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WYLIE, R. F. JR.	
STREET ADDRESS	1485 AMY DR	
CITY-ST-ZIP	YULEE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LINDEY, JAMES L	
STREET ADDRESS	4834 PINEBREEZE BLVD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	<input type="checkbox"/> Delete
NAME	WYLIE, BONNIE L	
STREET ADDRESS	1485 AMY DR	
CITY-ST-ZIP	YULEE FL	
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"/> 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		
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: Robert F. Wylie JR. Robert F. Wylie JR. 2-14-00 904-277-4971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)