

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45896

1. Entity Name

TAMPA WHOLESALE NEON, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90027 007 ***150.00

Principal Place of Business

Mailing Address

1923 N. 60TH ST.
TAMPA FL 33619
US

PO BOX 79086
TAMPA FL 33619-0086
US

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 59-3147887

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINGO, C F
1923 N. 60TH ST.
TAMPA FL 33619

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WINGO, C F	1923 N. 60TH ST.	TAMPA FL 33619	<input type="checkbox"/>
PD	HENLEY, DEBORAH	P.O. BOX 16174 N/A	TAMPA FL 33687	<input type="checkbox"/>
D	WINGO, JAMES C	4708 E. SEWARD	TAMPA FL 33619	<input type="checkbox"/>
S	WINGO, SHARON	4708 E. SEWARD	TAMPA FL 33619	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
V. President	WINGO, JAMES C	309 E. HUNTER Rd	PLANT CITY, FL. 33565	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	WINGO, AMY	4708 E. SEWARD	TAMPA FL. 33619	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

James C Wingo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 813622-7729
Date Daytime Phone #

CR2E034 (9/99)