

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45908

1. Entity Name

WETLANDS MANAGEMENT, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90006 002 \*\*\*150.00

Principal Place of Business

Mailing Address

2704 SW HORSESHOE TR.  
 PALM CITY FL 34990  
 US

P.O. BOX 1122  
 PO BOX 1122  
 JENSEN BCH FL 34958-1122

012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3461A Palm City School

3461A Palm City School

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Avenue

Avenue

City & State

City & State

Palm City

Palm City

Zip

Country

Zip

Country

34990

USA

34990

USA

4. FEI Number

59-2178516

Applied For

Not Applicable

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

GILIO, JOSEPH L  
 1135 NE TUXEDO TERRACE  
 JENSEN BEACH FL 34957

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.

**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
PD	GILIO, JOSEPH L	1135 NE TUXEDO ROAD	JENSEN BEACH FL	<input type="checkbox"/>
VST	GILIO, JOSEPH	1135 NE TUXEDO TERRACE	JENSEN BEACH FL	<input type="checkbox"/>
D	GILIO, JOSEPH	1135 NE TUXEDO TERRACE	JENSEN BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/2000

CR2E034 (9/99)