2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$55960 May 23, 2000 8:00 am 1. Entity Name Secretary of State WAKEMAN ENGINEERING CORP. 05-23-2000 90265 010 ***150.00 Principal Place of Business Mailing Address 3307 EAST DEBAZEN AVE. 3307 EAST DEBAZEN AVE. ST. PETERSBURG BCH. FL 33706-4058 ST. PETERSBURG BCH. FL 33706 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0282364 Not Applicable Zip Country Zip 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 BOGGS, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 215 MADISON ST **TAMPA FL 33602** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. 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 11. 12. Change ☐ Addition TITLE ☐ Detete NAME **CURTIS, W BYRON JR** STREET ADORESS STREET ADDRESS 3307 E. DEBAZAN AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BCH. FL 33706 ☐ Change TITLE ☐ Addition ☐ Delete TITLE **CURTIS, W BYRON JR** NAME NAME STREET ADDRESS STREET ADDRESS 3307 E. DEBAZAN AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BCH. FL 33706 ☐ Addition ☐ 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 TITLE ☐ Delete 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 13. I hereby certify that the information supplied with this tilling 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.