

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067234

1. Entity Name

WAF-MESA, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90070 048 \*\*\*150.00

Principal Place of Business

Mailing Address

149 E. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32118

P O BOX 265386  
DAYTONA BEACH FL 32126-5386  
US

628253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WESLEY A. FINK

3. Mailing Address

P.O. Box 1866

Suite, Apt. #, etc.  
ORMOND BEACH, FL 32175

Suite, Apt. #, etc.

City & State 904-852-3694  
FAX 904-441-3234

City & State  
Ormond Beach, FL

4. FEI Number 59-3334485

Applied For  
Not Applicable

Zip Country

Zip 32175 Country USA

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

FINK, WESLEY A  
149 E. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32118

Name

W. A. FINK

Street Address (P.O. Box Number is Not Acceptable)

639 JOHN ANDERSON DR

City

ORMOND BEACH, FL

Zip Code

32176

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

3-17-00

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	D FINK, WESLEY A 149 E INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESLEY A. FINK 639 JOHN ANDERSON DR ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other, his empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. FINK President

3-17-00

Date

Daytime Phone #

904-441-3234