2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MÉÑT # 390289	FIĽED						
W. T. INC. WOI-13509					01 JUL -9 PH 4:20			
Principal Place	e of Business	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
714 C	leveland Street	TALLA	TÄSSEE.	FLORII	ĎΑ			
		P.O. Box 5			2/0	•		
Clear	water, FL 33755	Clearwater	, FL	33757	X			
Principal Place of Business     Mailing Address					700		- 0	a :a 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REINSTATER	New		3-01	
City & State		City & State		4. FEI Number 59-1364563	1		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Add	itional
	Pinellas  6. Name and Address of Current I	Registered Agent	<u> </u>		7. Name and Address of New Reg			
Lillian E. Trickel				Name				
714 Cleveland Street Clearwater, FL 33755				Street Address (P.O. Box Number is Not Acceptable)				
Olear	water, 11 33733							
				City		FL	Zip Code	)
8. The above	pamed entity submits this statement (or	The purpose of changing it	s register	ed office or regist	ered agent, or both, in the State of Florid	a.		
(	The loss of	71:01			٠	ΙΙ.		
SIGNATURE	Signatural typed-en printed name of registered agent a	Ind title if applicable. (NO	TE: Registere	ed Agent signature requir	ed when rainstating)	DATE DATE		
9 This cores	ration is eligible to satisfy its Intangible	FILE NOW	W FFF	19.5150 no -4	y4, 30,44.			
Tax filing re	equirement and elects to do so.	After MAY 1, 2	001 Fee	will be \$550.00	10. Election Campaign Finan Trust Fund Contribution.			O May Be to Fees
	ia on back)						0505000	NN 44
11.	P/D OFFICERS AND I	DIRECTORS Delete	12. m		ADDITIONS/CHANGES TO OFFICE		RECTORS	Addition
NAME	Lillian E. Trickel	<u> </u>	NAA			_		<del>.</del>
STREET ADDRESS CITY-ST-ZIP	714 Cleveland Stree		1	EET ADORESS (-ST-ZIP				
TITLE	Clearwater, FL 337		TITL			Γ"	] Change	Addition
NAME		C Deleto	NAM	T 17	40000		, 2⊊alı	
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NAME	8815-M	Confirmation of the second	NAA				) Change	
STREET ADDRESS				EET ADDRESS		İ		
STY-ST-ZIP			-	(-ST-ZIP		<u>i</u>	Change	☐ Addition
TITLE NAME		☐ Delete	TTTL NAA	1		_	CHANGE	L. NOOMON
STREET ADDRESS				EET ADDRESS	•	i		
CITY-ST-ZIP				(-ST-ZIP		<u> </u>	1 0	( Addition
TITLE   NAME		Delete	TITL Naa			_	] Change	☐ Addition
STREET ADDRESS	• •		STR	EET ADDRESS		}		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1	r-st-zip		1		
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exe my signs	emption stated in ature shall have th	Section 119.07(3)(i), Florida Statutes. I fu e same legal effect as if made under oat	rther certify n; that I am	that the in an officer	tormation or director
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: Sillio Predal 5/1/01								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Juste Displace Priorie #								