

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2001 08:00 AM
Secretary of State

DOCUMENT # 612269

1. Entity Name
WATT-MISER OF FLORIDA, INC.

Principal Place of Business
3590 NW 54 STREET SUITE 6
SUITE 9
FT. LAUDERDALE FL 33309 US

Mailing Address
3590 NW 54 STREET SUITE 6
SUITE 9
FT. LAUDERDALE FL 33309 US

2. Principal Place of Business
3590 NW 54 STREET

3. Mailing Address
3590 NW 54 STREET

Suite, Apt. #, etc.
SUITE 9

Suite, Apt. #, etc.
SUITE 9

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip Country
33309 US

Zip Country
33309 US

4. FEI Number
59-2217797

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

MCCARTNEY, JAMES I
35901 NW 54 STREET
STE 9
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
MCCARTNEY, JAMES I
Street Address (P.O. Box Number is Not Acceptable)
3590 NW 54 STREET
STE 9
City
FT. LAUDERDALE FL Zip Code
33309

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 JAMES I. MCCARTNEY

02/04/2001

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, 2001 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

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 33309	Delete
		MCCARTNEY JAMES I	3590 NW 54 ST STE 9	FT. LAUDERDALE	FL 33309	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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"/>
				<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 I. McCartney

P

02/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)