

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

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

Zip

Country

Country

34990

34990

USA

USA



DO NOT WRITE IN THIS SPACE

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.
(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	PD	<input type="checkbox"/> Delete
NAME	GILIO, JOSEPH L	
STREET ADDRESS	1135 NE TUXEDO ROAD	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GILIO, JOSEPH	
STREET ADDRESS	1135 NE TUXEDO TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILIO, JOSEPH	
STREET ADDRESS	1135 NE TUXEDO TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (9/99)