

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46751

1. Entity Name

WAIC. INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90175 037 ***150.00

Principal Place of Business

571 GOLDEN HARBOUR DRIVE
18181 DAYBREAK DRIVE
BOCA RATON FL 33432
US

Mailing Address

571 GOLDEN HARBOUR DR
18181 DAYBREAK DRIVE
BOCA RATON FL 33432-2941
US

000114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 KNUTH Rd
Suite, Apt. #, etc.
Suite 212

3. Mailing Address

200 KNUTH Rd Suite 212
Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach

4. FEI Number

59-2311373

Applied For

Not Applicable

Zip

Country

33436 Palm Beach FL

Zip

Country

33436 Palm Beach

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

METSCH, BURTON
571 GOLDEN HARBOUR DR
BOCA RATON FL 33432

Name

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

200 KNUTH Rd Suite 212

Boynton Bch

FL

Zip Code 33436

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	METSCH, BURTON	
STREET ADDRESS	571 GOLDEN HARBOUR DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	METSCH, BARBARA	
STREET ADDRESS	571 GOLDEN HARBOUR DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 KNUTH Rd Suite 212	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 KNUTH Rd Suite 212	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 #

3/17/2000 (561) 447-8870