2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # G48819** GARY WAKSTEIN AND ASSOCIATES, INC. 02-03-2001 90070 049 ***150.00 Mailing Address Principal Place of Business % GARY WAKSTEIN % GARY WAKSTEIN 4412 DELWOOD LANE 4412 DELWOOD LANE C0016592 PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address 204 A EllenLane 204 A Ellen Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2319584 ranama C Not Applicable Panama \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32<u>408-5830</u> 3240<u>8-583</u>0 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAKSTEIN, GARY Street Address (P.O. Box Number is Not Acceptable) 4412 DELWOOD LANE PANAMA CITY BCH FL 32411 Zip Code **32** 408-5830 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE WAKSTEIN, GARY NAME 204 A Ellenlane STREET ADDRESS STREET ADDRESS 4412 DELWOOD LANE Parama City Beach, F1 32408-5830 CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.