

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47292

1. Entity Name

WASP INVESTMENTS, INC.

Principal Place of Business

Mailing Address

8087 SUMMIT RIDGE LANE
JACKSONVILLE FL 32256-7107

8087 SUMMIT RIDGE LANE
JACKSONVILLE FL 32256-7107

2. Principal Place of Business

8229 Shade Tree Ct.

3. Mailing Address

8229 Shade Tree Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32256

Country

Duval

Zip

32256

Country

Duval

4. FEI Number

59-2756907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HECHAVARRIA, LUIS DE
8087 SUMMIT RIDGE LANE
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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, 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 DP ☐ Delete
NAME HECHAVARRIA, LUIS DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HECHAVARRIA, JOAN N. DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HECHAVARRIA, LUIS DE JR.
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HECHAVARRIA, ANNE DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HECHAVARRIA, SUSAN DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HECHAVARRIA, PAUL DE
STREET ADDRESS 8087 SUMMIT RIDGE LANE
CITY-ST-ZIP JACKSONVILLE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

904/641-8683

Date

Daytime Phone #

CR2E034 (10/00)

0023387

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90060 049 ***150.00

002203



DO NOT WRITE IN THIS SPACE