

4/23

FILED

May 17, 2001 8:00 am
Secretary of State

04-23-2001 90016 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55415

1. Entity Name

WTLH, INC.

Principal Place of Business

Mailing Address

5200 N OCEAN DR
SUITE 18-B
SINGER ISLAND FL 33404
USWTLH, INC
5200 N OCEAN DR., 18B
SINGER ISLAND FL 33404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2774146

Applied For

Not Applicable

- Zip

Country

- Zip

Country

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

COOKE, BRIAN
C/O ARNSTEIN & LEHR
515 NORTH FLAGLER DRIVE, SUITE 600
WEST PALM BEACH FL 33401Name PAUL LANSATStreet Address (P.O. Box Number is Not Acceptable)
5200 N. OCEAN DR 18B8City SINGER ISLAND

FL

Zip Code 33404

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 PAUL LANSAT

Signature, typed or printed name of registered agent and used applicable

(NOTE: Registered Agent signature required when reinstating)

5/08/2001
DATE9. 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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO LANSAT, PAUL 5200 N. OCEAN DR., 18B SINGER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANSAT, RENEE 5200 N. OCEAN DR., 18B SINGER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: Renee Lansat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 561-848-5048

Date

Daytime Phone #

CR2034 (10/00)