

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020023

1. Entity Name

WTF5, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 2:42

Principal Place of Business

C/O GORHAM RUTTER, JR., ESQ.
83 N NORTHLAKE BLVD SUITE 111
ALTAMONTE SPRINGS FL 32701

Mailing Address

C/O GORHAM RUTTER, JR., ESQ.
283 N NORTHLAKE BLVD SUITE 111
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

4. FEE Number

59-3631117

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 of person in position of registered agent and title is acceptable)

(If not, Registered Agent signature prepared when filing)

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 \$160.00
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	0	☐ Delete
NAME	RUTTER, GORHAM JR	
STREET ADDRESS	283 N NORTHLAKE BLVD SUITE 111	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. ADDITIONAL OFFICERS TO OFFICERS LISTED ABOVE

TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add New
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add New
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)(a), Florida Statutes. I further certify that these forms are 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 or required by Chapter 807, Florida Statutes, and that my name appears on Block 11, 12, or 13, as applicable, changed, or on an attachment with an address, with all other like information.

SIGNATURE

Magie Smith
Magie Smith
President

8-1-01

9318361366

SIGNATURE AND TYPED OR PRINTED NAME OF CLERK OR TELLER (OPTIONAL)

October 26, 2001

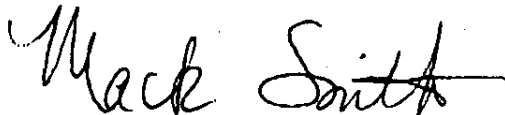
Attn: Shawn Tonner
State of Florida

Mr. Tonner,

To follow is a copy of the uniform business report along with our copies of the checks written. Also is a copy of bank statement that shows these two checks were paid.

We have not received any additional comments or letters regarding these reports, and thus assumed that everything was in order.

Sincerely,

A handwritten signature in black ink that reads "Mack Smith". The signature is written in a cursive style with a long horizontal stroke at the end.

Mack Smith, President
WTFS, Inc