

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90086 002 ***150.00

DOCUMENT # P00000029637

1. Entry Name

W.A.C. INVESTMENTS, INC.

Principal Place of Business

712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

Mailing Address

712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

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

JACOBSON, ANDREW M
 712 U.S. HWY. ONE
 NORTH PALM BEACH FL 33408

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 entry submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida.

SIGNATURE

Signature of principal or authorized officer or director

Signature of Registered Agent (must be received with the statement)

FAX

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	Conrad Wagner	NAME	
STREET ADDRESS	1406 Bristol Park Pl	STREET ADDRESS	
CITY-STATE-ZIP	Heathrow, FL 32746	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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. (Print the name of the officer or director in Block 11 or Block 12, if changed, or on an attachment with an address with an officer or trustee empowered.)

SIGNATURE:

Conrad Wagner, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR