

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077190

1. Entity Name

WAV MANAGEMENT COMPANY

Principal Place of Business

703 W. SWANN AVENUE
TAMPA FL 33606

Mailing Address

703 W. SWANN AVENUE
TAMPA FL 33606

2. Principal Place of Business

5811 Memorial Hwy.

3. Mailing Address

5811 Memorial Hwy.

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

TAMPA FLORIDA

City & State

TAMPA, FLORIDA

Zip

33615

Country

USA

Zip

33615

Country

USA

4. FEI Number

59-3706270

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SIERRA, MICHAEL

703 W. SWANN AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

William A. VARDEN

Street Address (P.O. Box Number is Not Acceptable)

5811 Memorial Highway
#201

City

Tampa

FL

Zip Code

33615

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

William A. Varden

(NOTE: Registered Agent signature required when reinstating)

DATE

10/2/07

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SIERRA, MICHAEL	
STREET ADDRESS	703 W. SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A. VARDEN	
STREET ADDRESS	5811 Memorial Hwy. #201	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****750.00 ****750.00

☐ Change ☐ Addition

10/2/07

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:

William A. Varden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/07 813-981-8580
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 PM 4:18



REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)