

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000095572

1. Entity Name
WAYMIRE & ASSOCIATES, INC.

Principal Place of Business
2657 AUGUSTA DRIVE SOUTH
CLEARWATER FL 33759

Mailing Address
2657 AUGUSTA DRIVE SOUTH
CLEARWATER FL 33759

2. Principal Place of Business
2657 AUGUSTA DRIVE SOUTH

3. Mailing Address
2657 AUGUSTA DRIVE SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number
65-1048441

Applied For
Not Applicable

Zip
33761

Country

Zip
33761

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

LOWMAN WILLIAM RJR, ESQ
315 EAST ROBINSON STREET SUITE 600

ORLANDO FL 32801 US

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 _____ DATE 04/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME WAYMIRE MATT
STREET ADDRESS 2657 AUGUSTA DRIVE SOUTH
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Matt Waymire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/30/2001

Date Daytime Phone #

CR2E034 (11/00)