

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 008 ***150.00

DOCUMENT # **PO1000038113**

1. Entity Name **R.L. WAHL Tampa Exchange
INC.**



DO NOT WRITE IN THIS SPACE

20005390

2. Principal Place of Business

5202 Windcliff Ave
Suite, Apt. #, etc.

3. Mailing Address

5202 Windcliff Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Tampa Florida**

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4. FEI Number **59-3713208**

Applied For
Not Applicable

Zip **33625**

Country **USA**

Zip **33625**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert Lewis WAHL**

Street Address (P.O. Box Number is not acceptable) **5202 Windcliff Ave**

City **Tampa**

FL

Zip Code **33625**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **AVTSPCM**
NAME **Robert Lewis WAHL**
STREET ADDRESS **5202 Windcliff Ave**
CITY-ST-ZIP **Tampa FL 33625**

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

(813) 545 9060

Daytime Phone #