

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90119 011 ***150.00

DOCUMENT # P01000076047

1. Entity Name
WTM INVESTMENTS, INC.



Principal Place of Business
**13812 WRIGHT CIRCLE
TAMPA FL 33626**

Mailing Address
**13812 WRIGHT CIRCLE
TAMPA FL 33626**

11011190



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3737263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, LISA A

4048 48TH AVE S

ST PETERSBURG FL 33711

Name

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

13812 Wright Circle

Tampa

City

FL

Zip Code

33626

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SPENCER, LISA ANN	
STREET ADDRESS	13812 WRIGHT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZINSMEISTER, LAWRENCE H	
STREET ADDRESS	13812 WRIGHT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZINSMEISTER, DANIEL C	
STREET ADDRESS	13812 WRIGHT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 813-8542929
Date Daytime Phone #

CR2E034 (10/02)