

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-11-2003 90095 011 ***150.00
P01000081732

DOCUMENT # P01000081732

1. Entity Name

W.T.P. & ASSOCIATES, INC.



FILED

03 SEP 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7655 NW 61 TERR
PARKLAND FL 33067

Mailing Address

7655 NW 61 TERR
PARKLAND FL 33067

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

65-1130455

Applied For

Not Applicable

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

VAN BROCKLIN, KATHERINE C

7655 NW 61 TERR

PARKLAND FL 33067

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
VAN BROCKLIN, KATHERINE C
7655 NW 61 TERR
PARKLAND FL 33067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CORBETT, TIMOTHY D
7655 NW 61 TERR
PARKLAND FL 33067 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/3/03

(954)

270-0487

CR2E034 (4/03)

September 19, 2003

ATT; Tina Roberts
Florida Dept of State
RE: WTP & Associates, Inc.
P # 01000081732


Dear Ms. Roberts:

Thank you for your assistance this morning with my corporation. I did not receive the original notification that my corporate papers were due. Last month I received the 2nd notice package and sent in a check for \$150.00 and the annual report form.

As I am a small, home based business that didn't receive the first notice, I am hoping that you can waive the \$400.00 late fee. My check for \$150.00 was cashed on 9/11/03. If you need a copy for proof of payment, please let me know.

If you have any questions, please call me at (954) 270-0487.

Thanking you for your assistance,


Katherine Van Brocklin