

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088774

1. Entity Name
WACHAMMER INC.

FILED

02 JUN 28 PM 12:31

Principal Place of Business
1622 NEWPORT LANE
WESTON FL 33326

Mailing Address
1622 NEWPORT LANE
WESTON FL 33326

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1141431

Applied For

Not Applicable

Zip

Country

Zip

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

WACHMAN, DARREN
1622 NEWPORT LANE
WESTON FL 33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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
NAME WACHMAN, DARREN
STREET ADDRESS 1622 NEWPORT LANE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400006264454--2
-07/09/02--01010--010
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARREN WACHMAN

6/20/02

954-295-4305

Date

Daytime Phone #

CR2E034 (9/01)

June 20, 2002

Florida Department of State
Katherine Harris
Secretary of State

Division of Corporations
Uniform Business Report Filings
POB 1500
Tallahassee, FL 32302-1500

RE: Wachammer Inc. Document PO1000088774
FEI Number 65-1141431

To Whom It May Concern:

On March 3rd I was involved in an automobile accident where I suffered a crushed achilles in addition to a significant injury to my rotator cuff (shoulder), which left me incapacitated. I am the sole employee of Wachammer Inc.

Due to this injury I unintentionally overlooked the filing deadline of the uniform business report. Due to my medical condition during this time, please abate the late filing penalty.

Thank you very much.

A handwritten signature in cursive script, appearing to read "Darren Wachman", followed by a long horizontal flourish.

Darren Wachman