

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90198 024 \*\*\*150.00

**DOCUMENT # P01000122279**

1. Entity Name  
**WTF, INC.**

Principal Place of Business  
**109 SW 50TH ST**  
**CAPE CORAL FL 33914**

Mailing Address  
**109 SW 50TH ST**  
**CAPE CORAL FL 33914**

2. Principal Place of Business

**SAMR**

Suite, Apt. #, etc.

3. Mailing Address

**SAMR**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-03-98853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LIPSHUTZ, ROBERT M**  
**3613 DEL PRADO BLVD**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name  
**PAUL JORGENSEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**109 SW 50TH ST**

City  
**CAPE CORAL**

FL

Zip Code  
**33914**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **PRES** ☐ Delete  
 NAME **PAUL JORGENSEN**  
 STREET ADDRESS **SAMR**  
 CITY-ST-ZIP

TITLE **TRES.** ☐ Delete  
 NAME **KATHLEEN WOSKINS**  
 STREET ADDRESS **SAMR**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-1-02**

Date

**239**

**410-7121**

Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # 973326  
#01000122279

AUGUST 6, 2002  
FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN,

PER MY CONVERSATION WITH (850)-488-9000 THIS IS MY FIRST YEAR WITH A FLORIDA CORP.. I NEVER RECEIVED MY COPY OF THE UBR. THE FIRST COPY RECEIVED WAS A LATE NOTICE.

THE LADY SAID TO INCLUDE THIS NOTE AND TO PAY THE \$150.00. I NOW KNOW THAT THIS IS DUE ANNUALLY BY MAY 1<sup>st</sup>.

ANY PROBLEMS OR QUESTIONS, PLEASE DO NOT HESITATE TO CALL ME. 239-410-7421.

BEST REGARD,

PAUL JORGENSEN  
PRES., WTFC, INC.