

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90008 005 ***158.75

DOCUMENT # P13202

1. Entity Name

WRS INFRASTRUCTURE & ENVIRONMENT, INC.

Principal Place of Business

Mailing Address

**111 KELSEY LANE., SUITE B
TAMPA FL 33619****111 KELSEY LANE., SUITE B
TAMPA FL 33619-4336
US****900040**

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

62-1260585

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

**NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOP	TITLE	
NAME	FRANTZ, LUKE A	NAME	
STREET ADDRESS	111 KELSEY LANE., SUITE B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	COO	TITLE	
NAME	SMITH, MARK J	NAME	
STREET ADDRESS	111 KELSEY LANE., SUITE B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VSBD	TITLE	
NAME	COPELAND, MICHAEL G	NAME	
STREET ADDRESS	111 KELSEY LANE., SUITE B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	CD	TITLE	
NAME	BAKER, JAMES B	NAME	
STREET ADDRESS	633 CHESTNUT STREET., STE 1640	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37450	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ASD	TITLE	
NAME	BROOKSHIRE, MICHAEL D	NAME	
STREET ADDRESS	633 CHESTNUT STREET., STE 1640	STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37450	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VFAT	TITLE	
NAME	BUNNELL, RONALD B	NAME	
STREET ADDRESS	111 KELSEY LANE., SUITE B	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR 2E034 (9/99)

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

Date

Daytime Phone #

1-7-00 813-620-1432