

# 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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

| TITLE | NAME                  | STREET ADDRESS                 | CITY-ST-ZIP          | <input type="checkbox"/> Delete |
|-------|-----------------------|--------------------------------|----------------------|---------------------------------|
| CEOP  | FRANTZ, LUKE A        | 111 KELSEY LANE., SUITE B      | TAMPA FL 33619       | <input type="checkbox"/>        |
| COOV  | SMITH, MARK J         | 111 KELSEY LANE., SUITE B      | TAMPA FL 33619       | <input type="checkbox"/>        |
| VSBD  | COPELAND, MICHAEL G   | 111 KELSEY LANE., SUITE B      | TAMPA FL 33619       | <input type="checkbox"/>        |
| CD    | BAKER, JAMES B        | 633 CHESTNUT STREET., STE 1640 | CHATTANOOGA TN 37450 | <input type="checkbox"/>        |
| ASD   | BROOKSHIRE, MICHAEL D | 633 CHESTNUT STREET., STE 1640 | CHATTANOOGA TN 37450 | <input type="checkbox"/>        |
| VFAT  | BUNNELL, RONALD B     | 111 KELSEY LANE., SUITE B      | TAMPA FL 33619       | <input type="checkbox"/>        |

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

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:

*Ronald Bunnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

813-620-1432

Daytime Phone #

CR 2E034 (9/99)