

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90058 024 \*\*\*158.75

DOCUMENT # P13202

1. Entity Name  
**WRS INFRASTRUCTURE & ENVIRONMENT, INC.**

**544827**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 111 KELSEY LANE., SUITE B TAMPA FL 33619 US	Mailing Address 111 KELSEY LANE., SUITE B TAMPA FL 33619 US
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2. Principal Place of Business 221 Hobbs Street	3. Mailing Address 221 Hobbs Street
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Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
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City & State Tampa, FL	City & State Tampa, FL
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Zip 33619	Country USA	Zip 33619	Country USA
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4. FEI Number 62-1260585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FRANTZ, LUKE A 111 KELSEY LANE., SUITE B TAMPA FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV SMITH, MARK J 111 KELSEY LANE., SUITE B TAMPA FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSB COPELAND, MICHAEL G 111 KELSEY LANE., SUITE B TAMPA FL 33619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAKER, JAMES B 633 CHESTNUT STREET., STE 1640 CHATTANOOGA TN 37450 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BROOKSHIRE, MICHAEL D 633 CHESTNUT STREET., STE 1640 CHATTANOOGA TN 37450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFAT BUNNELL, RONALD B 111 KELSEY LANE., SUITE B TAMPA FL 33619 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Frantz, Luke A. 221 Hobbs St., Ste 108 Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV Smith, Mark J 221 Hobbs St., Ste 108 Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Copeland, Michael G. 221 Hobbs St., Ste 108 Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Charles R. Cox 221 Hobbs St., Ste 108 Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Brian A. Finn 221 Hobbs St., Ste 108 Tampa, FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Brian A. Finn **Brian A. Finn** 4/25/01 813-684-4400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)