

## 2000 UNIFORM BUSINESS REPORT.(UBR)

3/3/

FILED

May 16, 2000 8:00 am  
Secretary of State

03-03-2000 90249 027 \*\*\*150.00

DOCUMENT # P94000006155

1. Entity Name

WALTER C. OTTO, PHD., INC.

Principal Place of Business

Mailing Address

620 CARLTON ROAD  
PENSACOLA FL 32534620 CARLTON ROAD  
PENSACOLA FL 32534-1108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5700 N. DAVIS HIGHWAY

101 S. RAINBOW BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 2

STE. 25

City &amp; State

City &amp; State

PENSACOLA, FL

LAS VEGAS, NV

Zip

Zip

Country

Country

32503

USA

89145

USA

4. FEI Number

59-3227818

Applied For

Not Applicable

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)

OTTO, WALTER C

620 CARLTON ROAD

PENSACOLA FL 32534

~~101 S. RAINBOW BLVD, STE 25~~~~LAS VEGAS, NV 89145~~

5700 N. Davis Hwy. Ste. 2

City

Pensacola

FL

Zip Code

32503

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-ZIPP  
OTTO, WALTER C  
620 CARLTON RD  
PENSACOLA FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPS  
OTTO, DEEANN T  
620 CARLTON RD  
PENSACOLA FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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

2-25-00 850-478-2900

Date

Daytime Phone #

CR2E034 (9/99)