2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400006155

Country

USA

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

1. Entity Name

WALTER C. OTTO, PHD., INC.

5700 N. DAVIS HIGHWAY

OTTO, WALTER C

628 CARLTON ROAD

PENSACOLA FL 32534

9. This corporation is eligible to satisfy its Intangible

OTTO, WALTER C

620 CARLTON RD

OTTO, DEEANN T

620 CARLTON RD

PENSACOLA FL

PENSACOLA FL

Tax filing requirement and elects to do so.

(See criteria on back)

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

STE.

Zip

32503

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADORESS

NAME

CITY-ST-ZIF

STREET ADDRESS

CUTY-ST-7IP

TITLE

Principal Place of Business	Mailing Address	
CARLTON ROAD	620 CARLTON ROAD PENSACOLA FL 32534-1108	
2. Principal Place of Business	3. Mailing Address	

101 S. RAINBOW BLVD

Country

Name

City

USA

FILE NOW!!! FEE IS \$150.00

12.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE NAME

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Suite, Apt. #, etc. STE 25

LAS VEGAS, NV

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

City & State

Zip

89145

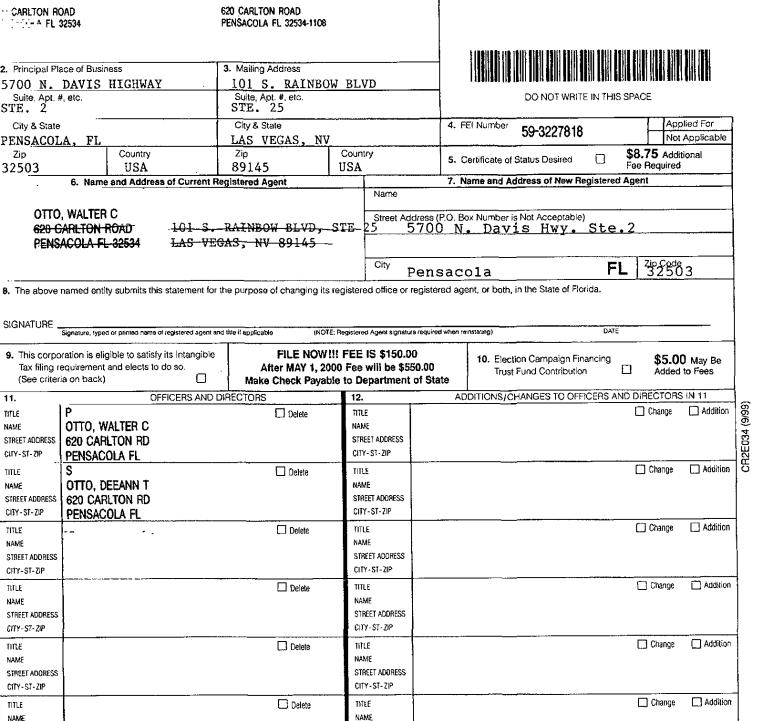
101 S. RAINBOW BLVD, STE

LAS VEGAS, NV 89145

3/3/

May 16, 2000 8:00 am Secretary of State

03-03-2000 90249 027 ***150.00



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.

CIONI	ATHE
SIGN	ATURE
Q. G	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR