

2000 UNIFORM BUSINESS RI

FILED
Feb 16, 2000 8:00 am
Secretary of State

DOCUMENT # P94000018963

1. Entity Name

02-16-2000 90001 024 ***158.75

WILLIAM WIETSMA COMPANY, INC.

Principal Place of Business 4060 BATTERSEA RD MIAMI FL 33133 US	Mailing Address 4060 BATTERSEA ROAD MIAMI FL 33133-6602 US
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B0012777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 SEABREEZE AVE Suite, Apt. #, etc. SUITE 304 City & State DELRAY BEACH, FL. Zip 33483 Country USA	3. Mailing Address 25 SEABREEZE AVE Suite, Apt. #, etc. SUITE 304 City & State DELRAY BEACH, FL. Zip 33483 Country USA
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4. FEI Number 65-0486971	Applied For Not Applicable
5. Certificate of Status Desired X	Additional Fee Required \$8.75

6. Name and Address of Current Registered Agent

WIETSMA, WILLIAM
4060 BATTERSEA RD
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
WILLIAM WIETSMA
Street Address (P.O. Box Number is Not Acceptable)
25 SEABREEZE AVE
SUITE 304
City
DELRAY BEACH FL Zip Code
33483

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 WILLIAM WIETSMA 1/18/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIETSMA, WILLIAM 4060 BATTERSEA RD MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D WILLIAM WIETSMA 25 SEABREEZE AVE DELRAY BEACH, FL. 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIETSMA, CAROLINE 4060 BATTERSEA RD MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLINE WIETSMA 25 SEABREEZE AVE DELRAY BEACH, FL. 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 to this address, with all other like empowered.

SIGNATURE: WILLIAM WIETSMA 1/18/00 SH. 274-4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #