

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90026 029 \*\*\*150.00

A0003273



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000029670**

1. Entity Name  
**WPAJ, INC.**

Principal Place of Business  
**HWY. 27, MAIN STREET  
 MAYO FL 32066**

Mailing Address  
**HWY. 27, MAIN STREET  
 MAYO FL 32066**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number **59-3307526**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THOMAS, WAYMON W JR.  
 HWY. 27, MAIN STREET  
 MAYO FL 32066**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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	Delete
PD	THOMAS, WAYMON W JR.	HWY. 27, MAIN STREET	MAYO FL 32066	<input type="checkbox"/>
STD	THOMAS, PAULA O	HWY 27, MAIN ST	MAYO FL 32066	<input type="checkbox"/>
D	AMANDA K. THOMAS	HWY 27, MAIN ST.	MAYO FL	<input type="checkbox"/>
D	BROWING, JENNIFER T	HWY 27, MAIN ST.	MAYO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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: *Waymon W. Thomas Jr*  
 WAYMON W. THOMAS JR

Date: *1/5/01*  
 Daytime Phone #: *594-1040*

CR2E034 (10/00)