

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90045 042 ***150.00

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

9426 Barrington Oaks Dr.

3. Mailing Address

P O Box 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dover, FL

City & State
Dover, FL

4. FEI Number
59-3307526

Applied For
 Not Applicable

Zip Country
33527

Zip Country
33527

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

DO NOT WRITE IN THIS SPACE



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)
9426 Barrington Oaks Drive
 City State Zip Code
Dover FL 33527

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

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, 2002 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-ZIP	PD THOMAS, WAYMON W JR. HWY. 27, MAIN STREET MAYO FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9426 Barrington Oaks Drive Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STD THOMAS, PAULA O HWY 27, MAIN ST MAYO FL 32066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9426 Barrington Oaks Drive Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D AMANDA K. THOMAS HWY 27, MAIN ST. MAYO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9426 Barrington Oaks Drive Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BROWING, JENNIFER T HWY 27, MAIN ST. MAYO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1364 Hillview Drive Clermont, FL 34711
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

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
 Date
813
985-2288
 Daytime Phone #

CR2E034 (9/01)