

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013313

1. Entity Name

WANT ADS OF CLEARWATER/ ST. PETERSBURG, INCORPOR

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90013 035 ***150.00

Principal Place of Business 1703 S MISSOURI CLEARWATER FL 34616 US	Mailing Address PO BOX 1659 DESTIN FL 32541 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	93-1198336	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES INC 526 E PARK AVENUE TALLAHASSEE FL 32301

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF WOODRUFF, ROGER 1703 SOUTH MISSOURI CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MODLIN, KIMBERLY S 20011 EMERALD COAST PKWY DESTIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert L. Christensen Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 20011 Emerald Coast Pkwy Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles E. Earles Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 20011 Emerald Coast Pkwy Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry S. Treese Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 3901 West Waco Drive Waco, TX 76710
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: Kimberly S. Modlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 850-837-8820
Date Daytime Phone #

CR2E034 (10/00)