

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90082 049 ***150.00

0466908

DOCUMENT # P97000021898

1. Entity Name
WAVE TAMER CORPORATION

| | |
|--|---|
| Principal Place of Business 102 MIRAMAR DRIVE MEXICO BEACH FL 32410 US | Mailing Address 1514 KINGS RD. CONTONMINT FL 32533 US |
|--|---|

| | |
|---|---------------------|
| 2. Principal Place of Business 8060 West Hwy 98 | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--|---------------------------------------|
| City & State Pt. St. Joe Florida | City & State Contonment, FL |
| Zip 32456 | Country Gulf |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3444848 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HUTCHISON, EDWARD A
 221 MCKENZIE AVENUE
 PANAMA CITY FL 32401~~

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____
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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---------------------|---|-----------------------------------|
| TITLE | NAME | TITLE | NAME |
| PD | DAVIS, WILLIAM H | | |
| 1514 KINGS RD | 1514 KINGS RD | | |
| CONTONMENT FL 32533 | CONTONMENT FL 32533 | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | |

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: William H. Davis William H. Davis 4-24-01 850-968-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)