

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101838

1. Entity Name
WAMA, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91164 023 ***158.75

Principal Place of Business

Mailing Address

2700 W. M.L.K. BLVD.
STE. 400
TAMPA FL 33607
US

2000 N. 14TH ST.
STE. 400
ARLINGTON VA 22201
US

2. Principal Place of Business
402 REO STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 218

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33609

Country
USA

Zip

Country

4. FEI Number **54-1884228**

Applied For
Not Applicable

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

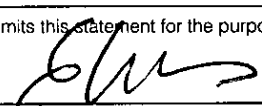
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGENSEN, MARK
11521 INNFIELDS DRIVE
ODESSA FL 33556-5405

Name
EDUARDO A. ZAVALA
Street Address (P.O. Box Number is Not Acceptable)
402 REO STREET
SUITE 218
City
TAMPA **FL** Zip Code
33609

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  **EDUARDO A. ZAVALA** **4/19/01**
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

TITLE **PD** ☐ Delete
NAME **GORDON, RON**
STREET ADDRESS **3612 N. ABINGDON ST.**
CITY-ST-ZIP **ARLINGTON VA 22207**

TITLE **DP** ☒ Change ☐ Addition
NAME **RONALD J. GORDON**
STREET ADDRESS **402 REO STREET, SUITE 218**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **VD** ☒ Delete
NAME **JORGENSEN, MARK**
STREET ADDRESS **11521 INNFIELDS DR.**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **EDUARDO A. ZAVALA**
STREET ADDRESS **402 REO STREET, SUITE 218**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

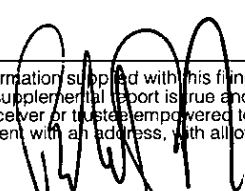
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  **RONALD J GORDON** **4/20/01** **703-528-5656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)