

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053618

1. Entity Name

WAUN-A-TRAIN, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90063 004 ***150.00

Principal Place of Business

Mailing Address

1060 6TH AVE
VERO BEACH FL 32960

1060 6TH AVE
VERO BEACH FL 32304-3670

2. Principal Place of Business

3. Mailing Address

215 Hayden Road

215 Hayden Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 122

Apt 122

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Zip

32304

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0846088

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

ACKER, CRAIG

1060 6TH AVE

VERO BEACH FL 32960

Name

Craig Acker

Street Address (P.O. Box Number is Not Acceptable)

215 Hayden Road Apt 122

Tallahassee

City

FL

Zip Code

32304

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ACKER, CRAIG	
STREET ADDRESS	936 E CAUSEWAY BLVD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Acker	
STREET ADDRESS	215 Hayden Road Apt 122	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99
Date

(850)350-0878
Daytime Phone #

CR2E034 (9/99)