

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059224

1. Entity Name

WAKMAR INVESTMENTS, INC.

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90013 040 \*\*\*150.00

Principal Place of Business

4412 DELWOOD LANE  
PANAMA CITY BEACH FL 32408

Mailing Address

4412 DELWOOD LANE  
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

204 A Ellen Lane  
Suite, Apt. #, etc.

3. Mailing Address

204 A Ellen Lane  
Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

Country

32408-5830

Zip

Country

32408-5830

4. FEI Number

59-3523614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAKSTEIN, GARY  
4412 DELWOOD LANE  
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

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

204 A Ellen Lane

City

Panama City Beach

FL

Zip Code

32408-5830

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

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | WAKSTEIN, GARY             |                                 |
| STREET ADDRESS | 4412 DELWOOD LANE          |                                 |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408 |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | MARTIN, RONNIE             |                                 |
| STREET ADDRESS | 4412 DELWOOD LANE          |                                 |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32408 |                                 |
| 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    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 204 A Ellen Lane   |
| CITY-ST-ZIP    | Panama City Beach, FL 32408  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 204 A Ellen Lane   |
| CITY-ST-ZIP    | Panama City Beach, FL 32408  |
| 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:

GARY WAKSTEIN

3-1-01

850-234-6112

Date

Daytime Phone #

CR2E034 (10/00)