## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT:# P98000068500 WATERFORD INVESTOR SERVICES, INC. 01-26-2000 90041 030 \*\*\*150.00 Principal Place of Business Mailing Address 6075 PARK BLVD 1543 SO HIGHLAND AVENUE PINELLAS PARK FL 33781-3232 PROTTOMY CLEARWATER FL 33756 2. Principal Place of Business 1201 South Highland Ave, 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #2 Applied For City & State City & State 4. FEI Number 59-3528061 Not -Clearwater, FL Country \$8.75 Additional 33756 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK J. WAINSCOTT SCHRIEFER, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 6075 PARK BLVD PINELLAS PARK FL 33781 1201 S. HIGHLAND AVE 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 WAINSCOTT FILE NOW!!! FEE IS \$150.00 (9.) This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPST **XX** Change Addition ☐ Delete TITLE TITLE DPST NAME WAINSCOTT, FRANK NAME WAINSCOTT, FRANK STREET ADDRESS STREET ADDRESS 1543 S HIGHLAND AVENUE, #208 1201 So. Highland Avenue, #2 CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33756 Clearwater, FL 33756 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS 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.

Frank/Wainscott? President x SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

727-441-1616

Daytime Phone #