

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90081 031 ***150.00

DOCUMENT # 799000001801
1. Entity Name WTD CORPORATION

Principal Place of Business 8998 NE 146 AVE
SILVER SPRINGS FL 34488
Mailing Address PO Box 1030
SILVER SPRINGS FL 34489

A0039920

2. Principal Place of Business 8998 NE 146 AVE
Suite, Apt. #, etc.
3. Mailing Address PO Box 1120
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SILVER SPRINGS FL
Zip 34488 Country USA
City & State SILVER SPRINGS FL
Zip 34489 Country USA

4. FEI Number 59-3552983
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
TERRY J WOOD
8998 NE 146 AVE
SILVER SPRINGS FL 34489

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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
TITLE PRESIDENT
NAME TERRY J. WOOD
STREET ADDRESS 8998 NE 146 AVE
CITY-ST-ZIP SILVER SPRINGS FL 34489
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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

3-24-01 352-2667847
Date Daytime Phone #

CR2E034 (11/00)