## 2000 UNIFORM BUSINESS REPORT (UBR)

Raymond L:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P99000053110 Jan 24, 2000 8:00 am **Secretary of State** U WANT IT WHEN, INC. 01-24-2000 90040 045 \*\*\*150.00 Mailing Address Principal Place of Business 5542 34TH COURT EAST 5542 34TH COURT EAST BRADENTON FL 34203-5221 **BRADENTON FL 34203** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0916219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Raymond L Ward Jr SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 5:542 34:in Cc E 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Bradenton,Fl Zip Code 34203 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen the State of F Ward Jr. President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WARD, RAYMOND L JR. NAME NAMÉ STREET ADDRESS 5542 34TH COURT EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Change ☐ Addition TITLE ☐ Delete TITLE WARD, SANDRA I NAME STREET ADDRESS 5542 34TH COURT EAST STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE \_\_ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplied each 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 secute 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 apportered.