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

SIGNATURE

NATURE AND TYPED OR

## DOCUMENT # **P99000060845** May 22, 2000 8:00 am Secretary of State WAN-MAN.COM. INCORPORATED 05-22-2000 90031 006 \*\*\*150.00 Principal Place of Business Mailing Address 1152 JACKMAR RD 1152 JACKMAR RD **DUNEDIN FL 34698** DUNEDIN FL 34698-3503 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAGAN, JESSIE JR Street Address (P.O. Box Number is Not Acceptable) 1152 JACKMAR RD **DUNEDIN FL 34698** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 'Election Campaign Financing ' \$5.00 May Be Trust Fund Contribution. Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees (See criteria on back) Make Check Payable to Department of State the Barrier of Garage A OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Chaimmore Ach TITLE ☐ Delete TITLE? .... + NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change Addition ☐ 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.