

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076838

1. Entity Name

WWT CORPORATION

Principal Place of Business

2606 SHENANDOAH DR. S.  
ORANGE PARK FL 32065

Mailing Address

2606 SHENANDOAH DR. S.  
ORANGE PARK FL 32065-6826

2. Principal Place of Business

5875 Mining Terrace

Suite, Apt. #, etc.

104

3. Mailing Address

P.O. Box 2468

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Orange Park, FL

Zip

32257

Country

Duval

Zip

32067-2468

Country

Clay

4. FEI Number

59-3613090

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F  
2301 PARK AVE., STE 406  
ORANGE PARK FL 32073

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, 2000-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 ☐ Delete  
NAME BOOZER, WILSON O III  
STREET ADDRESS 2606 SHENANDOAH DR. S.  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete  
NAME BEW, WILLIAM G  
STREET ADDRESS 11431 LUMBERJACK CIR. W.  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Delete  
NAME PETERSQ, THOMAS W II  
STREET ADDRESS 201 SAN PABLO RD.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*W.D. Boozer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

(904) 880-5515

Daytime Phone #

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90021 031 \*\*\*158.75



DO NOT WRITE IN THIS SPACE