

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079240

1. Entity Name

WTL INDUSTRIES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90125 024 \*\*\*158.75

Principal Place of Business

7570 S. FEDERAL HWY., SUITE 13  
HYPOLUXO FL 33462

Mailing Address

7570 S. FEDERAL HWY., SUITE 13  
HYPOLUXO FL 33462-6060

2. Principal Place of Business

3. Mailing Address

P.O. Box 850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH, FL

Zip

Country

Zip

33425

Country

USA

4. FEI Number

65-0992494

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, THEODORE G  
7570 S. FEDERAL HWY., SUITE 13  
HYPOLUXO FL 33462

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN, THEODORE G 7570 S. FEDERAL HWY., SUITE 13 HYPOLUXO FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> VD KATHRYN R. CHRISTIAN 7570 S. FEDERAL Highway, Suite 13 Hypoluxo, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD William K. CHRISTIAN 7570 S. FEDERAL Highway, Suite 13 Hypoluxo, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

Date

Daytime Phone #

THEODORE G. CHRISTIAN 4.28.00 - 561-547-4337

CR2E034 (9/99)