## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State **DOCUMENT # \$55960** 1. Entity Name WAKEMAN ENGINEERING CORP. 05-11-2001 90455 046 \*\*\*150.00 Principal Place of Business Mailing Address 3307 EAST DEBAZEN AVE. 3307 EAST DEBAZEN AVE. ST. PETERSBURG BCH. FL 33706 ST. PETERSBURG BCH. FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0282364 Not Applicable Country Zip Country Zip \$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 Name BOGGS, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 215 MADISON ST **TAMPA FL 33602** Zip Code FL 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 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CURTIS, W BYRON JR STREET ADDRESS STREET ADDRESS 3307 E. DEBAZAN AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BCH. FL 33706 TITLE Delete TITLE Change ☐ Addition NAME NAME CURTIS, W BYRON JR STREET ADDRESS STREET ADDRESS 3307 E. DEBAZAN AVENUE CITY-ST-ZIP CITY-ST-ZIP ST-PETERSBURG BCH: FL 33706 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS 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 attach ot with an address, with all other like empowered.

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

W. Byron Curtis, Jr.