

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91419 032 \*\*\*150.00

0265421 AV

**DOCUMENT # S82679**

1. Entity Name  
**WATES, INC.**

Principal Place of Business  
**8356-B NW SOUTH RIVER DR.**  
**SUITE 112**  
**MEDLEY FL 33166**  
**US**

Mailing Address  
**8356-B NW SOUTH RIVER DRIVE**  
**112**  
**MEDLEY FL 33166**  
**US**

2. Principal Place of Business  
**8840 NW 8th Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3085 NW 123 Terrace**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines, FL**

City & State  
**Sunrise, FL**

4. FEI Number **65-0292838**

Applied For  
 Not Applicable

Zip Country  
**33024 Broward**

Zip Country  
**33323 Broward**

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**

**ALEXANDER, WALTER A.**  
**3085 N.W. 123RD TERRACE**  
**SUNRISE FL 33323**

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 \_\_\_\_\_ (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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, WALTER A.</b>	
STREET ADDRESS	<b>3085 N.W. 123RD TERRACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, DARLENE B</b>	
STREET ADDRESS	<b>3085 N.W. 123RD TERR</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PARKMAN, SUSAN S</b>	
STREET ADDRESS	<b>8840 NW 8 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Susan A. Parkman</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Walter A. Alexander*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WALTER A. ALEXANDER**

**3-20-02 954-447-3613**  
 Date Daytime Phone #

CR2E034 (9/01)