

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90013 047 ***150.00

037738

DOCUMENT # V46560

1. Entity Name

W.A.S. MINE, INC.

Principal Place of Business

1804 COLLINS AVENUE
LAKELAND FL 33803

Mailing Address

1804 COLLINS AVENUE
LAKELAND FL 33803

2. Principal Place of Business

1417 HOLLEMAN DR.

3. Mailing Address

1417 HOLLEMAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3128457

Applied For

Not Applicable

Zip

33594-7146

Country

U.S.A.

Zip

33594-7146

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ELIZABETH B.
1804 COLLINS AVENUE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Natalie Curran

Street Address (P.O. Box Number is Not Acceptable)

1417 Holleman Dr.

City

Valrico

FL

Zip Code

33594-7146

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, 2001 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 D ☒ Delete
NAME SMITH, ELIZABETH B.
STREET ADDRESS 1804 COLLINS LANE
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME SMITH, WALTER ANDREW
STREET ADDRESS 1804 COLLINS LANE
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME MCGINNIS, CECILIA S
STREET ADDRESS 3625 ALCOT WAY
CITY-ST-ZIP CUMMING GA

TITLE D ☐ Delete
NAME SMITH, NATALIE ELIZABETH
STREET ADDRESS 323 E. BELVEDERE
CITY-ST-ZIP LAKELAND FL

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 Pres. & D ☒ Change ☐ Addition
NAME Smith, Walter Andrew
STREET ADDRESS P. O. Box 22
CITY-ST-ZIP Lakeland, FL 33802

TITLE V.P. & D ☒ Change ☐ Addition
NAME McGinnis, Cecilia S.
STREET ADDRESS 5220 Millsford Ct.
CITY-ST-ZIP Cumming, GA 30040-7478

TITLE Secy./Treas./D ☒ Change ☐ Addition
NAME Curran, Natalie
STREET ADDRESS 1417 Holleman Dr.
CITY-ST-ZIP Valrico, FL 33594

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
Date

8636436977
Daytime Phone #

CR2E034 (10/00)