

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46847

1. Entity Name

W9Y OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 13037
PORT EVERGLADES FL 33316

P.O. BOX 13037
PORT EVERGLADES FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RIZZO, DAVID
1825 S.E. 35TH STREET
PORT EVERGLADES FL 33316

4. FEI Number **65-0341929**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 **P JACKSON, ROBERT M**
STREET ADDRESS **121 SE 3RD AVE.**
CITY-ST-ZIP **DANIA FL 33004**

TITLE Delete
NAME **V RAMSEY, WILLIAM A**
STREET ADDRESS **416 BETHEL RD.**
CITY-ST-ZIP **TROY SC 29848**

TITLE Delete
NAME **S JACKSON, DONALD S**
STREET ADDRESS **283 ORANGE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

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.

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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: *Robert M Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

954-767-0265

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE