## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

		00000976						324	6 <sub>1</sub> - 9	, N,		
1. Entity Name WSI OF THE SOUTHEAST, LLC						FILED						
				•						•		
Principal Place of Business  13251 EASTERN AVENUE. PORT MANATEE PALMETTO FL 34221  Mailing Address  2735 FRONT STREET GEORGETOWN &C 49440-1				<b>.2</b> 957			2001 APR 20 AM 11: 21 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
Principal Place of Business     3. Mailing Address												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	в	City & State				4. FEI Number 57-1039966 Applied Fo. Not Applied					oplied For	
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired Specificate of Status Desired Fee Required						
	6. Name and Address of Current	Registered Agent		Maria		7. Name	and Address	1 New Re	gistered	Agent		
001125	OFFICE OF THE PROPERTY OF THE		` '	Name-			···					
	STERN AVENUE		Street Add			ss (P.O. Box Number is Not Acceptable)						
( )	NATEE-PALMETTO FL 34221 : RECLING SEE ——	_	PORT MANATEE						· ·			
PORT) S		City	PALM	1 E 77	0		FL	Zip Code	4221			
8. The above	named emity submits this statement for PSK py R Dollars, MA	or the purpose of changing its		d office or				ate of Flor	ida. <del>J</del>	11/61		
		FILE No		EE IS \$		State						
9.	MANAGING MEMB	BERS/MEMBERS	10.				ADE	DITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PERRY R 2735 FRONT STREET GEORGETOWN SC 29442	☐ Delete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	9	T ADDRESS ST-ZIP			* )- \$000	1341 14/27/ ****5	765 7010 70.00	******	029 Abortion   00.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAMI STRE		. '			,		Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete								☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	· TITLE NAMI STRE				······································		.ts	☐ Change	☐ Addition	
TITLE .		□ Delete	TITLE				<u></u> .		•	Change	Addition	
NAME = STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS ST-ZIP							1	
indicated	certify that the information supplied wit don this report is true and accurate and ability company or the receiver or truste	d that my signature shall have	the same	: legal effec	ct as it ma	de under	oath: that I am	Statutes. I a manag	further ce	rtify that the li per or manage	nformation er of the	

PF.