

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90122 050 ***150.00

AUG 13 2001

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000103062
 1. Entity Name
 WSH Properties, Inc. ✓

Principal Place of Business
 6400 Youngerman Circle
 Jacksonville, FL 32244

Mailing Address
 4215 Southpoint Blvd. #100
 Jacksonville, FL 32216

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P. O. Box 551260
 Suite, Apt. #, etc.

City & State
 Jacksonville, FL

4. FEI Number
 59-3438751

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

6. Name and Address of Current Registered Agent

Schneider, Michael N.
 4215 Southpoint Boulevard
 Jacksonville, FL 32216

7. Name and Address of New Registered Agent

Name
 Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)
 5150 Belfort Road
 Building 100

City
 Jacksonville FL Zip Code
 32256

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 *Michael N. Schneider* DATE 3/12/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hecht, William 6400 Youngerman Circle Jacksonville, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ~~the~~ empowered.

SIGNATURE: *William Hecht* **WILLIAM HECHT** 3/12/01 904-777-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)