

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 17, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91385 024 \*\*\*150.00

DOCUMENT # *P9600010306Z*

1. Entity Name

*WSH Properties, Inc.*

**DO NOT WRITE IN THIS SPACE**

93188

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3438751		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
Jacksonville, FL		Jacksonville, FL		<input type="checkbox"/>			
Zip	Country	Zip	Country				
32255		32255					

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: *Michael N. Schneider*

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

5150 Belfort Road, Bldg. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<i>DIP</i>	TITLE	
NAME	<i>Hecht, William</i>	NAME	
STREET ADDRESS	<i>6400 Youngerman Circle</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Jacksonville, FL 32244</i>	CITY-ST-ZIP	
TITLE	<i>DIR/SIT</i>	TITLE	
NAME	<i>Hecht, Sonia</i>	NAME	
STREET ADDRESS	<i>6400 Youngerman Circle</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Jacksonville, FL</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>Hecht, Kenneth</i>	NAME	
STREET ADDRESS	<i>6400 Youngerman Circle</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Jacksonville, FL</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William Hecht* WILLIAM HECHT *4/1/02* 904-777-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)