

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072094

1. Entity Name

WSET. INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90027 017 \*\*\*150.00

Principal Place of Business	Mailing Address
WEST GRANADA AVENUE BEACH FL 32174	511 RIO COURT SAINT AUGUSTINE FL 32086-7609

2. Principal Place of Business	3. Mailing Address
100 West Granada Blvd.	511 Rio Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Ormond Beach, Fla	Saint Augustine, Fla	59-3458977	Not Applicable
Zip	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
32174	32086	<input type="checkbox"/>	
Country	Country		
USA	USA		

6. Name and Address of Current Registered Agent

LOZINSKI, WIESLAWA  
 511 RIO CURT  
 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name: Wieslawa Lozinski

Street Address (P.O. Box Number is Not Acceptable): 511 Rio Court

City: Saint Augustine, FL Zip Code: 32086

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

DATE: 3-1-00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

P  
 LOZINSKI, WIESLAWA  
 511 RIO COURT  
 ST. AUGUSTINE FL 32086

VP  
 LOZINSKI, STANISLAW  
 511 RIO COURT  
 ST. AUGUSTINE FL 32086

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] Stanislaw Lozinski 3-1-00 (904) 794 2719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)