

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90081 015 ***150.00

DOCUMENT # P97000072094

1. Entity Name
WSET. INC.

Principal Place of Business
**100 WEST GRANADA BLVD
 ORMOND BEACH FL 32174**

Mailing Address
**511 RIO COURT
 SAINT AUGUSTINE FL 32086**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3458977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOZINSKI, WIESLAWA

**511 RIO CURT
 ST. AUGUSTINE FL 32086**

Name

Street Address (P.O. Box Numbers 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

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

(NOTE: Registered Agent signature required when reinstating.)

3-12-2002

DATE

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, 2002 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 | P <input type="checkbox"/> Delete |
| NAME | LOZINSKI, WIESLAWA |
| STREET ADDRESS | 511 RIO COURT |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | LOZINSKI, STANISLAW |
| STREET ADDRESS | 511 RIO COURT |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 |
| TITLE | <input type="checkbox"/> Delete |
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| 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 of the same 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:

Stanislaw Lozinski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

(904) 794 2719

Daytime Phone #

CR2E034 (9/01)