

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 437518

1. Entity Name

WYCAP CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90093 027 ***150.00

Principal Place of Business

Mailing Address

71 SW 5TH COURT
 POMPANO BEACH FL 33060

71 SW 5TH COURT
 POMPANO BEACH FL 33009-1120

2. Principal Place of Business

1316 W. McNAB RO.

Suite, Apt. #, etc.

3. Mailing Address

1316 W. McNAB RO.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

BROWARD

4. FEI Number

59-1489774

Applied For

Not Applicable

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

FOOTE, JAMES H.
 71 SW 5TH COURT
 POMPANO BEACH FL 33060

Name

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

1316 W. McNAB ROAD

City

FT. LAUDERDALE

FL

Zip Code

33309

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 reinstating)

DATE

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	PTD	<input type="checkbox"/> Delete
NAME	FOOTE, JAMES H	
STREET ADDRESS	1194 OCEAN BLVD.	
CITY-ST-ZIP	HILLSBORO BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOOTE, SHIRLEY A.	
STREET ADDRESS	1194 OCEAN BLVD.	
CITY-ST-ZIP	HILLSBORO BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TITUS, SHARON L	
STREET ADDRESS	6701 SW 10TH ST	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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] H. FOOTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 954/974-0072

CR2E034 (9/99)