2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 688436** WOCO SALES, INC. 02-08-2001 90054 004 ***150.00 Principal Place of Business Mailing Address 3551 ARLINGTON OAKS DRIVE 3551 ARLINGTON OAKS DRIVE MOBILE AL 36695 MOBILE AL 36695 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2032051 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBBER, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 13901 SMOKERISE COURT ORLANDO FL 32832 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITI F TITLE ☐ Delete WEBBER, VIVIAN A NAME NAME 3551 ARLINGTON OAKS DR STREET ADDRESS STREET ADDRESS MOBILE AL CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE WEBBER, KENNETH NAME NAME 13901 SMOKERISE CT STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP-CITY-ST-ZIP- ~~ ☐ Addition VD ☐ Change ☐ Delete TITLE WEBBER, RONALD K. NAME NAME 3847 EAST INDIGO BAY DRIVE STREET ADDRESS STREET ADDRESS GILBERT AZ 85236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WEBBER, STEVEN S. NAME NAME 2912 COTTAGE KNOLL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE AL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 like empowered.

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