2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # F19724** 1. Entity Name WESCAR, INC. 05-03-2001 90431 001 *1,050.00 Mailing Address Principal Place of Business 375 DOUGLAS AVE 375 DOUGLAS AVE STE 2006 STE 2006 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 US Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State (59-2115141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 57 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GEYS, LOUIS** GEYS, LOUIS 375 DOUGLAS AVE 1033 Augustus Lane 15TE 2000 ALTAMONTE SPRINGS EL 227 Mount DORA, FL Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE 1033 Augustus Lane Mount DORA, FL 32757 NAME MACKINNON, ALEXANDER C STREET ADDRESS STREET ADDRESS 375 DOUGLAS AVE, 2006 CITY-ST-ZIP CITY-ST-7IP ORLANDO, FL 00000 TITLE Delete TITLE PD NAME NAME **GEYS, LOUIS** STREET ADDRESS STREET ADDRESS 375 DOUGLAS AVE, 2006 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPGS. FL ☐ Addition TITLE ☐ Delete 1033 Augustus Lane Mount DORA, FL 32757 NAME NAME VAN HOUTS, MARINA STREET ADDRESS STREET ADDRESS 238 N. WESTMONTE DR., SUITE 208 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPGS._FL ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR D

☐ Delete

□ Delete

☐ Change

Change

☐ Addition

Addition