## 2001 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2001 8:00 am DOCUMENT # F 74783 Secretary of State 1. Entity Name W. K & S SALES CORPORATION INC. 09-17-2001 90147 040 \*\*\*150.00 Principal Place of Business AND MARY GITHER Mailing Address WALTON BEACH & 32548 2. Principal Place of Business 3. Mailing Address 640 LAUREL LANG WEST 640 LAUCEL LANE WOST Suite, Apt. #, etc. PEMBRAKE Suite, Apt. #, etc. PEMIS RORE DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2211273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33027- --~W-1.A- ... -33-027 usa. Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, RICHARD 640 LAUREL LANE MEST Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINCES A 33027 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, 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition WILLIAMS, DOROTHY NAME 640 LAUNEL LAND WEST NAME STREET ADDRESS STREET ADDRESS PEMBRANE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition WILLIAMS, RICHARD NAME NAME PEMBRANE PINES, FL 3302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE, -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

CR2E034 (11/00)

9-12-01

## Leon Egozi, P.A.

## Certified Public Accountant

19495 Biscayne Boulevard, Suite 705 Aventura, Florida 33180 Phone: (305) 937-2664 Fax: (305) 937-0128

600055 September 11, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL-32302-1500

Re: W, K & S Sales Corporation, Inc.

FEIN: 592211273

## Dear Sir/Madam:

On behalf of the above referenced taxpayer, we are responding to the late filing (enclosed) of the corporation annual report for 2001 together with the filing fee of \$150.

Please be advised that the taxpayer had a change in its principal place of business during the first quarter of 2001 due to serious illness of its majority stockholder. The stockholder is currently under physician's care. As a result of the sudden change in their place of business and the illness, the taxpayer did not receive the notice to file the annual report and hence could not file the annual report.

We believe the foregoing is reasonable cause for filing the annual report late and we respectfully request that the report be processed and your records amended accordingly.

Very truly yours,

. Leon Egozi PA

Certified Public Accountant

Enclosures ·