2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am **DOCUMENT # G52052 Secretary of State** WCI, INC. 03-08-2000 90016 038 ***150.00 Principal Place of Business Mailing Address 4535-CENTRAL AVENUE 1583 CENTRAL AVENUE ST. PETERSBURG FL 39719-8137 ST: PETERSBURG FL-33713 U U U M U A A U 2. Principal Place of Business 3701 1315 WA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2350631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33703 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANN, PHILIP W. Street Address (P.O. Box Number is Not Acceptable) 540 4TH ST NO. ST. PETERSBURG FL 33701 Zip Code City 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 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, 2000 Fee will be \$550.00 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 CLARK, ROBERT P. NAME STREET ADDRESS 4535-CENTRAL-AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST: PETERSBURG-FL Delete TITLE CURTIS, JR., R. WILLIAM NAME NAME 15th 57. NO chisburg, FC 33702 STREET ADDRESS 4535 CENTRAL AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP st. Petersburg fl ☐ Delete TITLE NAME MURPHY, D. WAYNE NAME 4986 LAMBRIDGE ET #38-102 PALM HARBOR FL 34685 STREET ADDRESS STREET ADDRESS 4835 CENTRAL AVE. CITY-ST-ZIP CITY-ST-ZIP ST. Petersburg fl ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NES!

SIGNATURE