FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # H75149** 1. Entity Name W.B.S.S., INC. 02-12-2001 90213 036 ***158.75 Principal Place of Business Mailing Address 2800 GANDY BLVD 2800 GANDY BLVD ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2576069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEACHT, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) 2800 GANDY BLVD ST. PETERSBURG FL 33702 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME BEACHT, WILLIAM F. NAME STREET ADDRESS STREET ADDRESS 2800 GANDY BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE VST Delete TITLE ☐ Change ☐ Addition NAME NAME BEACHT, BOBBIE R. STREET ADDRESS STREET ADDRESS 2800 GANDY BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG F TITLE Delete TITLE ☐ Change Addition BEACHT, BOBBIE R. NAME STREET ADDRESS STREET ADDRESS 2800 GANDY BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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

SIGNATURE

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Dating Phone M.