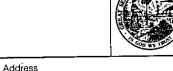
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K87866 **DOCUMENT #**

1. Entity Name
WCR CONSULTANTS, INCORPORATED



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90264 006 ***150.00

Principal Place of Business % WILLIAM C. ROBBINS 2800 PARR CT. W. JACKSONVILLE FL 32216		Mailing Address % WILLIAM C. ROBBINS 2800 PARR CT. W. JACKSONVILLE FL 32216							
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address				1011 B1051 O11		
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. (E) Number 60-2062610		lied For Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	6. Name and Address of Curre	ent negistered Agent		Name					
ROBBINS, WILLIAM C.			- ; % ; -	Street Address (P.O. Box Number is Not Acceptable)					
2800 PAR	R CT. W.	•		-					
JACKSON	IVILLE FL 32216	÷.		1					
				City		r _E	Zip Code		
the obligation	named entity submits this statement ons of registered agent.	nt for the purpose of cha	inging its register	ed office or regist	ered agent, or both, in the State		iai witi i		
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	ed Agent signature requi	red when reinstating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003; Fee will be \$550. Payable to Florida Departmer	00 nt of State			9. Election Campa Trust Fund Con	tribution.	Added	May Be to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	- 	ADDITIONS/CHANGES 1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, WILLIAM C. 2800 PARR CT. W. JACKSONVILLE FL	□ De	NAM STR				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBBINS, MARIEDITH 2800 PARR CT. W. JACKSONVILLE FL	, 🗀 De	NAM Str	I			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBBINS, J.GLENN 6518 RAMOTH DRIVE JACKSONVILLE FL 32226	□ D _i	NAP STF				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, DAWN 6518 RAMOTH DRIVE JACKSONVILLE FL 32226	□ 0	. NAI STR	LE ME REET ADDRESS Y-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS	WIGHTON THE TE VEELS		; NA Sti	LE ME REET ADDRESS 'Y-ST-ZIP	,	C.] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TIT	LE ME REET ADDRESS IY-ST-ZIP] Change	☐ Addition	

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03 Date