2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83181

1. Entity Name

WEALTH PRESERVATION STRATEGIES, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90132 021 ***150.00

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Principal Place of Business Mailing Address												
C/O T. HERSEM				C/O T. HERSEM			ĺ					
1421 COURT ST. SUITE B			1421	1421 COURT ST. SUITE B								
CLEARWATER FL 34616				CLEARWATER FL 34616				1 0 D 0 2 1 1 1 1 1 1 1 1 1		II eic ia eren ai a		
US			US	US								
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 59-2917468	. ·		plied For Applicable	
Zip	Country			Žip		Country		Certificate of Status Desired		\$8.75 Addi	tional	
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent					
HERSEM, THOMAS G. (ATTY)							Name .					
C/O T. HERSEM							Street Address (P.O. Box Number is Not Acceptable)					
1421 COURT ST. SUITE B									_			
CLEARWATER FL 34616						City			FL	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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
F	ILE NOW!!	! FEE IS \$150.00						9. Election Campaign Fina	ncina	¢5.00	May Be	
After May 1, 2003 Fee will be \$550.00								Trust Fund Contribution	~ —		to Fees	
Wake Check Payable to Florida Department of												
10.		OFFICERS AND	DIRECTO	DIRECTORS 11.			AE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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12. 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 trustes 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

3/19/03 1918387762 Date Destine Phone # CR2F034 (10/0