

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY 25 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015869 AB

DOCUMENT # M98000000976

1. Entity Name
WSI OF THE SOUTHEAST, LLC

Principal Place of Business

2735 FRONT STREET
GEORGETOWN SC 29442

Mailing Address

2735 FRONT STREET
GEORGETOWN SC 29440-2957

2. Principal Place of Business

13251 EASTERN AVENUE

3. Mailing Address

Suite, Apt. #, etc.

PORT MANATEE

City & State

PALMETTO Florida

City & State

Zip

34221

Country

USA

Zip

Country

4. FEI Number

57-1039966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COLLINS, PERRY R
13251 EASTERN AVENUE
FORT MANATEE-PALMETTO FL 34221

Port

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM *President* ☐ Delete
NAME COLLINS, PERRY R
STREET ADDRESS 2735 FRONT STREET
CITY-ST-ZIP GEORGETOWN SC 29442

TITLE MEMBER *V. P. PRESIDENT* ☐ Delete
NAME FONG, MELANIE
STREET ADDRESS 2735 FRONT STREET
CITY-ST-ZIP GEORGETOWN SC 29442

TITLE CHIEF FINANCIAL OFFICER ☐ Delete
NAME MILLER, JAMES R. JR.
STREET ADDRESS 2735 FRONT STREET
CITY-ST-ZIP GEORGETOWN SC 29442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 700003289877--0
STREET ADDRESS -06/14/00--01113--001
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/1/00

Date

843-527-1743

Daytime Phone #

CR2E083 (9/99)