2001 UNIFORM BUSINESS REPORT (UBR)

0027523 AF

DOCUMENT # M98000000976

1. Entity Name
WSI OF THE SOUTHEAST, LLC

FILED
2001 APR 20 AM 11:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13251 EASTERN AVENUE, PORT MANATEE PALMETTO FL 34221	2735 FRONT STREET GEORGETOWN SC 29440-2957

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1039966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, PERRY R
13251 EASTERN AVENUE
~~FORT~~ MANATEE-PALMETTO FL 34221
PORT SPELLING SEE →

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
PORT MANATEE
City PALMETTO FL Zip Code 34221

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 PERRY R COLLINS, MANAGING MEMBER, REGISTERED AGENT [signature] 4/11/01
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PERRY R 2735 FRONT STREET GEORGETOWN SC 29442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004085512--6 -04/27/01--01079--023 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PERRY R COLLINS [signature] SIGNATURE REQUIRED 4/11/01 843-527-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #