

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90219 021 ****50.00

DOCUMENT # M98000000976

1. Entity Name
WSI OF THE SOUTHEAST, LLC

Principal Place of Business
**13251 EASTERN AVENUE
 FORT MANATEE
 PALMETTO FL 34221**

Mailing Address
**2735 FRONT STREET
 GEORGETOWN SC 29440-2957**

966480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13251 EASTERN AVENUE

3. Mailing Address
POST OFFICE BOX 1498

Suite, Apt. #, etc.
PORT MANATEE

Suite, Apt. #, etc.
2735 FRONT STREET

City & State
PALMETTO FLORIDA

City & State
GEORGETOWN SC

4. FEI Number **57-1039966**

Applied For
 Not Applicable

Zip **34221** Country **MANATEE**

Zip **29442** Country **GEORGETOWN**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PERRY R 2735 FRONT STREET GEORGETOWN SC 29442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **5/1/02** Daytime Phone # **843-527-1743**

CR2E083 (9/01)