2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107872

1. Entity Name

VECIE YASINSAC CWSC, INC.



Mailing Address

FILED
Apr 15, 2003 8:00 am
Secretary of State
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04-15-2003 90085 050 ***150.00

Country Country Country Country Se. Certificate of Status Desired Se. 7.5 Additional Foe Paquified Se. 7.5	5212 SOUTH BIG OAK ROAD POST OFFICE BOX 16952 ST. AUGUSTINE FL 32095 JACKSONVILLE FL 322454		952							
City & State Country Country Country Country S. Certificate of Status Deserce State Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number a Not Acceptable) City FLE Zip Code Street Address (P.O. Box Number a Not Acceptable) City FLE Zip Code Street Address (P.O. Box Number a Not Acceptable) City FLE Zip Code Street Address (P.O. Box Number a Not Acceptable) City FLE Zip Code Street Address (P.O. Box Number a Not Acceptable) Street A	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$9.75 Additional Fee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
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Stroat Address (P.O. Box Number is Not Acceptable) Stroat Address (P.	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
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ST. AUGUSTINE FL 32095 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence in the obligations of registered agent. SIGNATURE Signatur, hybrid or present name of registered state is appaced. FILE NOW!!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$55.0.00 Marke Check Payable to Florida-Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE, MAME SIRRET ADDRESS CITY-S1-2P TITLE D D AND SIRRET ADDRESS CITY-S1-2P TITLE NAME SIRRET ADDRESS CITY-S1-2P CHange Add Add Change Add Change Add Add Change			•	Street Ad	dress (P.O. E	Box Number is Not Acceptable)		-		
R. The above named critity 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 accident the obligations of registered agent. SIGNATURE Signature, hyped or private reams of registered agent a			!	ļ ———		* <u>*</u>	 			
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida*Department of State 10.	SIGNATURE									
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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 dustee 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

SIGNATURE:

Daytime Phone #