

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90055 018 ***150.00

DOCUMENT # P01000011009

1. Entity Name
WSW, INC.

Principal Place of Business
1101 EDEN ISLE DRIVE NE
ST PETERSBURG FL 33704

Mailing Address
1101 EDEN ISLE DRIVE NE
ST PETERSBURG FL 33704

2. Principal Place of Business
4210 West Spruce St..

3. Mailing Address
4210 West Spruce St.

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number
59-3695038

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DANN, PHILIP W ESQ
540 4TH STREET NORTH
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **Jon T. Steele** **STEELE**
 Street Address (P.O. Box Number is Not Acceptable)
4210 West Spruce Street, #203
 City **Tampa** **FL** Zip Code **33607**

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)

1/24/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P, T, S, Director	Jon T. Steele	4210 West Spruce Street, #203	Tampa, FL 33607		
VP, Director	Patrick J. Walsh	4210 West Spruce Street, #203	Tampa, FL 33607		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1/24/02

Date

813-282-0709

Daytime Phone #

CR2E034 (9/01)