

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
 04-09-2002 90038 010 ***150.00

0597334 AT

DOCUMENT # P01000028729

1. Entity Name
WBC SERVICES, INC.

Principal Place of Business
13014 N. DALE MABRY, #628
TAMPA FL 33618-2808

Mailing Address
P. O. BOX 13243
TAMPA FL 33681-3243

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

59-3599261

Applied For

Not Applicable

-5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, DEBRA
6619 INTERBAY BLVD.
TAMPA FL 33611

CHANGE OF ADDRESS →

Name **DEBRA SANCHEZ**

Street Address (P.O. Box Number is Not Acceptable)
13014 N. DALE MABRY, #628

City **TAMPA**

FL

Zip Code **33618-2808**

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

Debra Sanchez
DEBRA SANCHEZ

3/22/2002

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ROBERT	
STREET ADDRESS	6619 N. DALE MABRY, #628	
CITY-ST-ZIP	TAMPA FL 33618-2808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOE	
STREET ADDRESS	6619 N. DALE MABRY, #628	
CITY-ST-ZIP	TAMPA FL 33618-2808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, DEBRA	
STREET ADDRESS	6619 N. DALE MABRY, #628	
CITY-ST-ZIP	TAMPA FL 33618-2808	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COSSETTE, B. VICTORIA	
STREET ADDRESS	13014 N. DALE MABRY, #628	
CITY-ST-ZIP	TAMPA FL 33618-2808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ROBERT	
STREET ADDRESS	13014 N. DALE MABRY #628	
CITY-ST-ZIP	TAMPA, FL. 33618-2808	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOE	
STREET ADDRESS	13014 N. DALE MABRY #628	
CITY-ST-ZIP	TAMPA, FL 33618-2808	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, DEBRA	
STREET ADDRESS	13014 N. DALE MABRY #628	
CITY-ST-ZIP	TAMPA, FL. 33618-2808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Debra Sanchez
DEBRA SANCHEZ **3/22/2002** **(813) 805-2659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)