

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044965

1. Entity Name
W.P.S.C., INC.

Principal Place of Business

P. O. BOX 450456
KISSIMMEE FL 34645-0456

Mailing Address

P. O. BOX 450456
KISSIMMEE FL 34645-0456

2. Principal Place of Business

1010 A. E. CARROLL ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

City & State

Zip
34744

Zip

Country

4. FEI Number

59-3712150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACUHA, JULIUS
1010A E. CARROLL ST.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 PO Delete
NAME MÁCHUA, JULIUS
STREET ADDRESS P. O. BOX 450456
CITY-ST-ZIP KISSIMMEE FL 34645-0456

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change 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 another like empowered.

SIGNATURE:

Julius MACUHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02

407-973-5470

Daytime Phone #

060912 AT

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90111 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)