

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90117 019 \*\*\*150.00

**DOCUMENT # P02000037731**

1. Entity Name  
**WCAT, INC.**



Principal Place of Business  
**101 SOUTH FRANKLIN STREET  
SUITE 101  
TAMPA FL 33602**

Mailing Address  
**101 SOUTH FRANKLIN STREET  
SUITE 101  
TAMPA FL 33602**

**33033307**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**ISOM, A. WOODSON JR  
101 SOUTH FRANKLIN STREET  
SUITE 101  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **ISOM, A. WOODSON JR**  
STREET ADDRESS **101 SOUTH FRANKLIN STREET STE 101**  
CITY-ST-ZIP **TAMPA FL 33602**

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

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CITY-ST-ZIP

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 trustee 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. WOODSON ISOM JR**

**DIRECTOR**

Date

Daytime Phone #

**4-7-03 (813) 276-0999**

CR2E034 (10/02)

attachment

55039907

#P02000037731

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>WCAT, Inc.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>101 S. Franklin St., Suite 101</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>Tampa, FL 33602</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Hillsborough County, Florida</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>A. Woodson Isom, Jr.</b>	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>2553</b> <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ Group Exemption Number (GEN) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Corporation</b> <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
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10 Date business started or acquired (month, day, year) <b>4/8/02</b>	11 Closing month of accounting year <b>12</b>
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12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).	▶ <b>N/A</b>
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13 Highest number of employees expected in the next 12 months Note: If the applicant does not expect to have any employees during the period, enter "-0-".	Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>
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14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>ownership &amp; operation of aircraft</b>	
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>operation of aircraft by corporate shareholders</b>
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16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <b>A. WOODSON ISOM, JR., PRESIDENT</b>	Applicant's telephone number (include area code) <b>813 ) 276-0999</b>
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Signature 	Date ▶ <b>5/1/03</b>	Applicant's fax number (include area code) <b>813 ) 277-9003</b>
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