FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90224 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10065970

DOCUMENT # P02000107079

1. Entity Name
WC SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
~~117 LAKE EMERALD DR STE 101~~ ~~OAKLAND PARK, FL 33309~~	~~117 LAKE EMERALD DR STE 101~~ ~~OAKLAND PARK, FL 33309~~

2. Principal Place of Business		3. Mailing Address	
Ft Lauderdale, FL		2425 NW 33 ST	
Suite, Apt. #, etc. Same as →		Suite, Apt. #, etc. 1312	
City & State		City & State Ft Lauderdale, FL 33309	
Zip	Country	Zip 33309	Country Broward

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1170096 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOLGYESI, ANTHONY L
1909 TYLER ST STE 400
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

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] 3-9-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACKETT, BEN 117 LAKE EMERALD DR OAKLAND PARK, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brackett, Benjamin T 2425 NW 33 ST #1312 Ft Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4-9-03 954-731-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #