

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P92000002531**1. Entity Name
WS AUTOMATION, INC.

Principal Place of Business	Mailing Address
205 FOX VALLEY DRIVE	P.O. BOX 91-5111
LONGWOOD FL 32779 US	LONGWOOD FL 32791 US

2. Principal Place of Business	3. Mailing Address
502 WILLOW LAKE COURT	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
LAKE MARY FL	

Zip	Country	Zip	Country
32746	US		

4. FEI Number	Applied For
59-3151387	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
90 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801 US

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.

SIGNATURE _____ DATE **03/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	WEISGERBER WILLIAM R	
STREET ADDRESS	205 FOX VALLEY DR	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	☒ Change ☐ Addition
NAME	WEISGERBER WILLIAM R	
STREET ADDRESS	502 WILLOW LAKE COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
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 all other like empowered.

SIGNATURE: William R. Weisgerber

Pres 03/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)