

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000010679**1. Entity Name
WCS, INC.**Principal Place of Business**11875 HIGH TECH AVENUE
BUILDING 5, SUITE 100
ORLANDO
32817

FL

Mailing AddressP.O. BOX 5609
WINTER PARK
327935609

FL

2. Principal Place of Business

140 ALEXANDRIA BLVD

3. Mailing Address

P.O. BOX 620099

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OVIEDO

FL

City & State
OVIEDO

FL

4. FEI Number
59-3168964

Applied For

Not Applicable

Zip
32765

Country

Zip
32762

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BAHNSEN JEFFERY A
111 N. ORANGE AVE.
2050
ORLANDO
32801

FL

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 _____ **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	VD	<input checked="" type="checkbox"/> Delete
NAME	WALKER G. WJR.	
STREET ADDRESS	1578 ANTOINETTE CT	
CITY-ST-ZIP	OVIEDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANTLEY DAVID C	
STREET ADDRESS	536 RACHEL CT.	
CITY-ST-ZIP	OVIEDO FL	
TITLE	CSTD	<input type="checkbox"/> Delete
NAME	WALKER PEGGY E	
STREET ADDRESS	2219 WESTMINSTER TERR	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER GARY WSR.	
STREET ADDRESS	2219 WESTMINSTER TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER PEGGY E	
STREET ADDRESS	2219 WESTMINSTER TERR	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
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: GARY W. WALKER, SR.

P

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)