

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000072944

1. Entity Name

WCRC CORP.



FILED

03 JAN 23 PM 4:30

STATE OF FLORIDA
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1137

3. Mailing Address

P.O. Box 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-0524789

Applied For

Not Applicable

Zip
34991

Country
USA

Zip
34991

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WILLIAM E. CREESE

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

2811 SW Lakemont Pl

City Palm City, FL

FL

Zip Code
34990

**DO NOT WRITE
IN THIS SPACE**

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

William E. Creese

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

(NOTE: registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

DPST
CREESE, WILLIAM E.
P.O. Box 1137
Palm City, FL 34991

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

900010671819

REINSTATEMENT 10-1-03

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Creese

William E. Creese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 904228 10463A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 1058.75

ORDER DATE : January 23, 2003

ORDER TIME : 10:54 AM

ORDER NO. : 904228-015

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Suite 400
712 U.S. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILINGS

NAME: WCRC CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 JAN 23 AM 11:53
DIVISION OF CORPORATION