

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094241

1. Entity Name

WSA SYSTEMS-BOCA, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90018 019 ***150.00

Principal Place of Business

4560 BLUE LAKE DRIVE
SUITE #200
BOCA RATON FL 33431
US

Mailing Address

4560 BLUE LAKE DRIVE
SUITE #200
BOCA RATON FL 33431
US

2. Principal Place of Business

852 S. Military Trail

Suite, Apt. #, etc.

3. Mailing Address

852 S. Military Trail

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

US

Zip

33442

Country

US

4. FEI Number

59-3289072

Applied For

Not Applicable

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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS ST SUITE 105
TALLAHASSEE FL 32301

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WEBB, RUFUS M
2800 N. HALIFAX DRIVE
DAYTONA BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLUB, BRADLEY A
2109 N. 48TH AVENUE
HOLLYWOOD FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley A. Golub

4-11-01

Date

954-964-2326

Daytime Phone #

CR2E034 (10/00)