## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

Principal Place of Business

P94000094241

Mailing Address

1. Entity Name

WSA SYSTEMS-BOCA, INC.



**FILED** Apr 28, 2003 8:00 am secretary of State

04-28-2003 90144 027 \*\*\*150.00

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Certificate of Status Desired  S8,75 Additional  Fee Required  6. Name and Address of Current Registered Agent.  7. Name and Address of New Registered Agent.  8. The Address (P.O. Box Number is Not Acceptable)  Sirved Address (P.O. Box Number is Not Acceptable)  OAIE  FILE NOW!!! FEE IS \$150.00  Address Agent ingulates expended agent, or both, in the State of Florida, I am familiar with, and acceptable to Florida Department of State  10. OFFICERS AND DIRECTIORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11  TILE  10. OFFICERS AND DIRECTIORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11  TILE  10. OFFICERS AND DIRECTIORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11  TILE  10. OFFICERS AND DIRECTIORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11  TILE  10. OFFICERS AND DIRECTIORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11  TILE  10. OFFICERS AND DIRECTIORS	852 S MILITARY TRAIL DEERFIELD BEACH FL 33442 US				852 S MILITARY TRAIL DEERFIELD BEACH FL 33442 US						
City & State  Country  So Co	2. Principal F	Place of Business	3. Mai	3. Mailing Address				† 1407/1741 (76 140) ( BIBLI) BB/H BA/H BB/H BB/H BB/H BB/H BB/H BB	#		
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Fue Required   \$8.	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					. CHECK HERE IF MAKING CHANGES			
Solid   Country   Zip   Country   Solid   Country   Solid	City & Stat	te	City & State				4.	FEI Number <b>59-3289072</b>	<del></del>		
THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAY'S ST SUITE 105 TALLAHASSEE FL 32301  City FL Zip Code  8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamill ar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  19.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  PURE NAME SIRET ADDIESS  200 N. HALFAX DRIVE DIVINS-7-2P  NAME SIRET ADDIESS  CITY-57-2P  HOLL  VOULB, BRADLEY A 2009 N. 48TH AVENUE  CITY-57-2P  CHANGE  CITY-57-2P  TITLE  MAKE SIRET ADDIESS  CITY-57-2P  TITLE  MAKE SIRET ADDIESS  CITY-57-2P  TITLE  MAKE SIRET ADDIESS  CITY-57-2P	Zip Country			Zip Cour			try <b>5.</b> C			5 Additional	
THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301  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 according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am familiar with, and according to registered agent, or both, in the State of Florida. I am fam		6. Name an	d Address of Current	Registere	ed Agent e			7.			
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 Signature and registered agent and title if applicable.  (NOTE Registered Agent signature required when remetating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	1201 HAY	rs st suite 10	TEM INC	M INC			·				
SIGNATURE  Signature required agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	TALLAHAS	SSEE FL 32301					City		FL Zi	o Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE NAME STREET ADDRESS CITY-ST-2P  OGUBS, BRADLEY A 2109 N. 48TH AVENUE HOLLYWOOD FL  TITLE NAME STREET ADDRESS CITY-ST-2P  OElete NAME STREET ADDRESS CITY-ST-2P  OELET STREET ADDRESS CITY-ST-2P  OELET STREET ADDRESS CITY-ST-2P  OELET NAME NAME STREET ADDRESS CITY-ST-2P  OELET NAME STREET ADDRESS CITY-ST-2P  OELET NAME NAME STREET ADDRESS CITY-ST-2P  OELET NAME STREET ADDRESS CITY-ST-2P  OELET NAME NAME STREET ADDRESS CITY-ST-2P  OELET NAME NAME STREET ADDRESS CITY-ST-2P  OELET OEL				or the purp	ose of changing its r	egistere	ed office or	registered ag	gent, or both, in the State of Florida. I am familia	with, and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or pri	inted name of registered agent	and title if app	slicable. (NOTE:	Registere	d Agent signatu	re required when re	reinstating) DATE	<del> </del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Afte	r May 1, 2003 F	ee will be \$550.00	of State							
NAME STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGES CITY-ST-	10.	<b>.</b>	OFFICERS AND	DIRECTO	RS	11.		AC	DDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
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CITY-ST-ZIP CITY-ST-ZIP	NAME Street address	-			☐ Delete	NAME STREE	ET ADDRESS	•• ,		ange Addition	

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 of the provided by Chapter 607.

**SIGNATURE:** 

954-570-8155