

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
 02-08-2002 90011 033 ***150.00

DOCUMENT # P95000027286

1. Entity Name
W S R ENTERPRISES, INC.

Principal Place of Business

**1255 COMMERCE DR.
 LABELLE FL 33935**

Mailing Address

**P.O. BOX 2012
 LABELLE FL 33935**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LaBelle, FL

4. FEI Number

65-0569831

Applied For

Not Applicable

Zip

Country

Zip

Country

33975 US

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

**SMITH, WILLIAM K
 733 TRADER RD
 LABELLE FL 33935**

Name

Smith, William K

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

370 Trader Rd

LaBelle

City

FL

Zip Code

33935

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SMITH, WILLIAM K**
 CITY-ST-ZIP **P.O. BOX 2012 (NA)
 LABELLE FL 33935**

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Smith, William K.**
 CITY-ST-ZIP **370 Trader Rd
 LaBelle, FL 33935**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **SMITH, NANCY C.**
 CITY-ST-ZIP **733 TRADER ROAD
 LABELLE FL**

TITLE ☐ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **Smith, Nancy C.**
 CITY-ST-ZIP **370 Trader Rd.
 LaBelle, FL 33935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

Nancy C. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-02

863-

675-2265
 Daytime Phone #

CR2E034 (9/01)