

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000034135**

1. Entity Name

WCR ENTERPRISES, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90484 018 ***150.00

Principal Place of Business

Mailing Address

**2919 TOWNSEND BLVD
JACKSONVILLE FL 32277****2919 TOWNSEND BLVD
JACKSONVILLE FL 32277-3709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3312346**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NADDAE, DAOUD R
3635 POST ST
JACKSONVILLE FL 32205****7. Name and Address of New Registered Agent**

Name

NADDAE, DAOUD R

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

3635 POST ST

City

JACKSONVILLE

FL

Zip Code

32205

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

DAOUD R. NADDAE P.P.**4-20-00**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, 2000 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**TITLE **PT** ☐ Delete
NAME **MOUCHI, RICHARD**
STREET ADDRESS **7123 HIELO DR**
CITY-ST-ZIP **JACKSONVILLE FL 32211**TITLE **P** ☐ Delete
NAME **NADDAE, DAOUD**
STREET ADDRESS **3635 POST ST**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 another duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAOUD R NADDAE 4-20-00 (904) 9937966

CR2E034 (9/99)