

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90046 046 ***150.00

DOCUMENT # P95000034135

1. Entity Name
WCR ENTERPRISES, INC.

Principal Place of Business

**2919 TOWNSEND BLVD
 JACKSONVILLE FL 32277**

Mailing Address

**4256 KINCARDINE DR
 JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

7123 HIELO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL

Zip

Country

Zip

Country

32211 DUVAL

4. FEI Number

59-3312346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NADDAF, DAOUD R
 4256 KINCARDINE DR
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **RICHARD MOUCHI**

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

7123 HIELO DR

City **JACKSONVILLE FL**

Zip Code **32211**

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

TITLE **PT.** ☐ Delete
 NAME **MOUCHI, RICHARD**
 STREET ADDRESS **7123 HIELO DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VP** ☒ Delete
 NAME **NADDAE, CAMILLE**
 STREET ADDRESS **4256 KINCARDINE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

RICHARD MOUCHI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

(904) 993 7963

Daytime Phone #

CR2E034 (9/01)