2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000047445** May 10, 2000 8:00 am Secretary of State WEALTHSOURCE, INC. 05-10-2000 90124 015 ***150.00 Principal Place of Business Mailing Address 5770 ROOSEVELT BLVD. 5770 ROOSEVELT BLVD. SUITE 601 SUITE 601 CLEARWATER FL 33762-0788 CLEARWATER FL 34620 2. Principal Place of Business 13630 58th 9 3. Mailing Address 20 BOX 17788 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 110 Applied For City & State City & State 4. FEI Number 59-3322012 Not Applicable learwa Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 37 KZ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent serman BERMAN, FRANK C Street Address (P.O. Box Number is Not Acceptable) 5770 ROOSEVELT BLVD. SUITE 601 **CLEARWATER FL 34620** Zip Code 3760 Clearwater abrills, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity at FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Director ☐ Addition ☐ Defete TITLE TITLE Frank C. Berman 13630 58th Street, Suite 110 BERMAN, FRANK C NAME NAME STREET ADDRESS STREET ADDRESS 5770 ROOSEVELT BLVD. SUITE 601 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33760 **CLEARWATER FL 34620** Diane Hardy Directu Change 13630 58th Street, Suite 110 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS Clearwater, FL 33760 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if , with all other like empowered.