2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

May 23, 2001 8:00 am Secretary of State DOCUMENT # P95000057047 1. Entity Name 05-23-2001 91172 035 ***150.00 WWS, INC. Principal Place of Business Mailing Address 7685 COLLE FOCIL P O BOX 40057 SARASOTA FL 34238 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-2831282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE SARASOTA FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changi its_egistered office or reg red agent, or both, in the State of Florida. (NOT) Registered Agent signature required when reinstating) stered agent and title if applicable FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payar e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE SCHERKENBACH, WILLIAM W NAME NAME STREET ADDRESS STREET ADDRESS 7685 CALLE FACIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ■ Addition 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-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing dofindicated on this report or supplemented report is true and according to the corporation or the receiver of rustee empowered to execution of the corporation with an address, with all pither like. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information / signature shall have the same legal effect as if made under eath; that I am an officer or director s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

CR2E034 (10/00)