2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000000905 DOCUMENT

1. Entity Name

SIGNATURE:



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90016 022 ***150.00

Daytime Phone #

WACKY SALES & SERVICE, INC.						"					
1300 STIRLING #5 DANIA FL 330 US	04	1300 S #5 Dania US	DANIA FL 33004 US								
2. Principal P	Place of Business	3. Maili	ng Address	<u>-</u>	*· . *== - <u> * . **</u>						
Suite, Apt.	#, etc.	Suite	· Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	de	City 8	City & State			FE-0702404		Applied For Not Applicable			
Zip	Country	Zip	Zip		Country		Certificate of Status Desired		8.75 A ee Requi		
	6. Name and Address of Curi	ent Registered	Agent]	7. 1	Name and Address of New Re	gistered A	gent		
					Name		,				
6455 BAY	N, CHARLES H JR. CLUB DR #4					Street Address (P.O. Box Number is Not Acceptable)					
·FT LAUDE	RDALE FL 33308				City			FL	Zip Co	nde	
the obligat	e named entity submits this statement tions of registered agent.	nt for the purpo	se of changing it	ts register	ed office or registe	ered ag	ent, or both, in the State of Flori	da. I am fa	amiliar with	i, and accept	
SIGNATURE .	signature, typed or printed name of registered	agent and title if appli	pare. (NO	DTE: Registere	d Agent signature requir	ed when re	einstating)	DATE			
Afte	TEE NOW!!! TEE IS \$150:00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	.00				···	9. Election Campaign Fina Trust Fund Contribution.	~		.00 May Be led to Fees	
10.		AND DIRECTOR	RS .	11.		AC	L DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JOHNSON, CHARLES H JR. 6455 BAY CLUB DR #4 FT LAUDERDALE FL 33308		_ 55.00		E IE EET ADDRESS '-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FI LAUDERDALE FL 33300	_	☐ Delete	TITL NAM STRI	E		· .		☐ Change	e Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete	•	-				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			·			☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	e 🔲 Addition	
12. I hereby of indicated of the corchanged	certify that the information supplied ton this report or supplemental rep rporation or the receiver of trustee of l, or on an attachment with an addre	with this filing of ort is true and a empowered to p	does not qualify to accurate and that secute this epo or like empowere	for the exe t my signa t as requi	emption stated in Stated in States the shall have the ired by Chapter 60	Section e same 07, Flore	119.07(3)(i), Florida Statutes. I legal effect as if made under or da Statutes; and that my name	further cert ath; that I a appears in	ify that the m an office Block 10	information er or director or Block 11 if	