

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000060971**1. Entity Name
WAYCOR, INC.

Principal Place of Business

22906 IRONWEDGE DR.

BOCA RATON
33433

FL

Mailing Address

22906 IRONWEDGE DR.

BOCA RATON
33433

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0771049

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWAYMAN CHRISTOPHER I
22906 IRONWEDGE DR.BOCA RATON
33433

FL

7. Name and Address of New Registered Agent

Name

WAYMAN CHRISTOPHER B

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

22906 IRONWEDGE DR.

City

BOCA RATON

FLZip Code
33433

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 **CHRISTOPHER B. WAYMAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/30/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE S ☐ Delete
NAME WAYMAN EMILY
STREET ADDRESS 22906 IRONWEDGE DR.
CITY-ST-ZIP BOCA RATON FL 33433TITLE DP ☐ Delete
NAME WAYMAN CHRISTOPHER B
STREET ADDRESS 22906 IRONWEDGE DR.
CITY-ST-ZIP BOCA RATON FL 33433TITLE ☐ 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
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Christopher B. Wayman

04/30/2000