

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90040 045 \*\*\*158.75

**DOCUMENT # P97000068272**

1. Entity Name

WSH, INC.

Principal Place of Business

Mailing Address

10285 NW 53RD ST  
SUNRISE FL 33351

10285 NW 53RD ST  
SUNRISE FL 33351-8077

2. Principal Place of Business

4723 S.W. 51 St.

3. Mailing Address

4723 S.W. 51 St.

Suite, Apt. #, etc.

Suite 22

Suite, Apt. #, etc.

Suite 22

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

USA

Zip

33314

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0772593

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENRY, WILLIAM S  
10285 NW 53RD ST  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

NAME

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

1443 N.W. 129th Terr.

City

Sunrise

FL

Zip Code

33323

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, 2000 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 PD  
NAME HENRY, WILLIAM S  
STREET ADDRESS 1443 NW 129TH TERR  
CITY-ST-ZIP SUNRISE FL 33323

☐ Delete

TITLE ST  
NAME KRUP, JOSEPH  
STREET ADDRESS 6560 SW 49TH ST, APT B  
CITY-ST-ZIP DAVIE FL 33314

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

954-327-1825

Daytime Phone #