

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068272

1. Entity Name

WSH, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90282 011 \*\*\*158.75

Principal Place of Business

Mailing Address

4723 SW 51 ST  
SUITE 22  
DAVIE FL 33314  
US

4723 SW 51 ST  
SUITE 22  
DAVIE FL 33314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HENRY, WILLIAM S  
1443 NW 129TH TERR  
SUNRISE FL 33323

Name

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

City

FL

Zip Code

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, 2001 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**

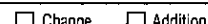
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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



TITLE ST  
NAME KRUP, JOSEPH  
STREET ADDRESS 4723 S.W. 51 ST. #22  
CITY-ST-ZIP DAVIE, FL. 33314



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



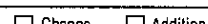
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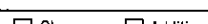
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TITLE  
NAME  
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CITY-ST-ZIP



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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

954-327-1700

Daytime Phone #

CR2E034 (10/00)