2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003
Secretary of State

DOCUMENT# P97000074004

Entity Name: W.C.C. INTERESTS, INC.

Current Principal Place of Business:

8951 BONITA BEACH RD
STE 525-314
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

40 FM 1960 WEST
PMB 314
HOUSTON, TX 77090

New Mailing Address:

FEI Number: 59-3712968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCHRAN, WILLIAM C
702 BUCKNER AVE.
EVERGLADES CITY, FL 34139

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COCHRAN, WILLIAM C
Address: 8951 BONITA BEACH RD, STE 525-314
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: COCHRAN, CHARLOTTE
Address: 8951 BONITA BEACH RD, STE 525-314
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: VISCONTI, LAWRENCE B
Address: 8951 BONITA BEACH RD, STE 525-314
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C COCHRAN P 07/09/2003

Electronic Signature of Signing Officer or Director — Date