

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90067 011 \*\*\*150.00

**DOCUMENT # P97000105347**

1. Entity Name

WLS PROPERTY CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

437 N MAENDLIA AVE

3. Mailing Address

437 N. MAENDLIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

Applied For

Not Applicable

Zip  
32806

Country

Zip

32806

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

J CHRISTY WILSON III

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

1006 RIDGECREST RD

City

ORLANDO

FL

Zip Code

32806

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / OWNER J CHRISTY WILSON III 1006 RIDGECREST RD ORLANDO FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY / OWNER MARK R. LEAVITT 6095 LINNEAL BEACH DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER / OWNER JAY W. SMITH 1678 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(407) 843-4321

Daytime Phone #

CR2E034B (12/01)