FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90286 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036561

1. Entity Name
WCS Investments, Inc.

DO NOT WRITE IN THIS SPACE

91041

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2664 North Dixie Highway Suite, Apt. #, etc.	P.O. Box 23910 Suite, Apt. #, etc.	
City & State: Wilton Manors, FL	City & State: Ft. Lauderdale, FL	4. FEI Number: 65-0846042 ☐ Applied For ☐ Not Applicable
Zip: 33334 Country: US	Zip: 33307 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Deem, Curtis
Street Address (P.O. Box Number is Not Acceptable): 2664 N. Dixie Hwy
City: W. Hon Manors FL Zip Code: 33334

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	I	TITLE	
NAME	Deem, Curtis	NAME	
STREET ADDRESS	2664 North Dixie Hwy	STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33334	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Deem, Marilyn	NAME	
STREET ADDRESS	2664 North Dixie Hwy	STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33334	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Gilliman, Steven M	NAME	
STREET ADDRESS	2664 North Dixie Hwy	STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33334	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 4-25-02 954-566-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #