

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

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90200 038 \*\*\*150.00

DOCUMENT # *P98000043245*  
1. Entity Name  
*WSK Development Corporation*

*80132401*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>264 NW 46 ST</i>		3. Mailing Address <i>264 NW 46 ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Boca Raton</i>		City & State <i>Boca Raton</i>	
Zip <i>33431</i>	Country <i>USA</i>	Zip <i>33431</i>	Country <i>USA</i>

4. FEI Number  
*59-3510256*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Scott S. Kutchins*

Street Address (P.O. Box Number is Not Acceptable)  
*264 NW 46 ST*

City *Boca Raton FL* **FL** Zip Code *33431*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	<i>CDP Walter S. Kutchins 264 NW 46 ST Boca Raton, FL 33431</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Scott S. Kutchins 264 NW 46 ST Boca Raton FL 33431</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Kristen K. Fremuth 264 NW 46 ST Boca Raton FL 33431</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Scott S. Kutchins* *07/18/02* *561-393-6235*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

*Attachment*  
**WSK Development Corporation**

July 24, 2002

*#P 98000043245*

Division of Corporations  
P O Box 6327  
Tallahassee FL 32314  
Att: UBR, for profit corporation

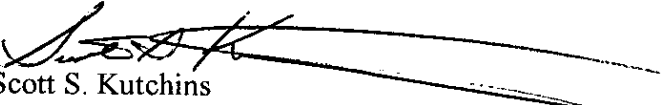
To Whom It May Concern:

As per our phone conversation, WSK Development Corporation never received the proper filing forms and had requested a duplicate copy.

Please waive the late fee.

Enclosed is a check for \$150.00.

Thank you for your time.

  
Scott S. Kutchins  
Secretary