

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085017

1. Entity Name
W.S.I.B SOUTH, INC.

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-14-2001 90093 013 ***150.00

Principal Place of Business

Mailing Address

~~817X ELADES ROAD~~
~~SUITE 200~~
~~BOCA RATON FL 33434~~

~~817X ELADES ROAD~~
~~SUITE 200~~
~~BOCA RATON FL 33434~~

2. Principal Place of Business

P.O. Box 6037

3. Mailing Address

P.O. Box 6037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

Martin

Zip

34957

Country

Martin

4. FEI Number

65-0908915

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

HOSKIE, JOAN

~~817X ELADES ROAD~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

~~SUITE 200~~

~~BOCA RATON FL 33434~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~

Name

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

City

FL

Zip Code

1706 Surfside Drive, Hutchinson Island, FL 34949

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOSKIE, JOAN
~~817X ELADES ROAD~~ P.O. Box 6037
~~BOCA RATON FL 33434~~ Jensen Beach, FL
34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, PATRICIA L
870 S. MEDEA WAY
DENVER CO 80209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Joan Hoskie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

Daytime Phone #

CR2E034 (10/00)