

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 027 ***150.00

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DOCUMENT # P98000087904

1. Entity Name
WAYSMART ENTERPRISES, INC.



Principal Place of Business
**1323 S.E. 17TH ST.,#555
FT. LAUDERDALE FL 33316**

Mailing Address
**1323 S.E. 17TH ST.,#555
FT. LAUDERDALE FL 33316**



2. Principal Place of Business

3. Mailing Address

1730 S. Federal Hwy **1730 S. Fed. Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Delray Beach, FL

DELRAY Bch, FL

Zip

Country

Zip

Country

33483

USA

33483

USA

4. FEI Number

65-0871158

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

DOEL, CHERYL

1323 S.E. 17TH ST.,#555

FT. LAUDERDALE FL 33316

Name

Doel, Cheryl

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

1730 S. Federal Hwy #203

City

Delray Beach

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
DOEL, CHERYL
1323 SE 17TH STREET, #555
FT. LAUDERDALE FL 33316** ☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954-725-7599

Date

Daytime Phone #

CR2E034 (10/02)