

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90063 005 ***150.00

DOCUMENT # **P 99000020687**

1. Entity Name

WYO CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9716 COLOCASIA WAY

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BCH, FL

City & State

4. FEI Number

65-0926135

Applied For

Not Applicable

Zip

33436

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name: **BRIAN RUSSO**

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

9716 COLOCASIA WAY

City **BOYNTON BCH**

FL

Zip Code **33436**

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 fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

4/24/02

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	PRESIDENT
NAME	BRIAN RUSSO
STREET ADDRESS	9716 COLOCASIA WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VICE PRESIDENT
NAME	GARY CORUINO
STREET ADDRESS	3245 SANTA BARBARA DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VICE PRESIDENT
NAME	CATHERINE CORUINO
STREET ADDRESS	3245 SANTA BARBARA DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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

Date

Daytime Phone #

4/24/02 561-880-2600

CR2E034B (12/01)