

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0347687 AV

**DOCUMENT # P990000081137**

1. Entity Name  
**WAYSMAST PRODUCTIONS, INC.**



04-30-2003 90324 007 \*\*\*150.00

Principal Place of Business  
**1323 SE 17TH ST.  
STE 555  
FORT LAUDERDALE FL 33316  
US**

Mailing Address  
**1323 SE 17TH ST.  
STE 555  
FORT LAUDERDALE FL 33316  
US**



2. Principal Place of Business

**1730 S. Federal Hwy  
Suite, Apt. #, etc.  
203**

3. Mailing Address

**1730 S. Federal Hwy  
Suite, Apt. #, etc.  
203**

☐ CHECK HERE IF MAKING CHANGES

City & State

**Delray Beach, FL  
Zip 33483 Country USA**

City & State

**Delray Beach, FL  
Zip 33483 Country USA**

4. FEI Number **65-0947407**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DOEL, CHERYL L  
600 S FEDERAL HWY #201  
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOEL, CHERYL 600 S FEDERAL HWY SUITE 201 DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)