7/5/01-90002-035-$550.00-$550.00

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1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085358

1. Entity Name

Waycom International, Inc.

Principal Place of Business	Mailing Address
1623 N. U.S. #1 Suite A-2 Sebastian, FL 32958	1623 N. U.S. #1 Suite A-2 Sebastian, FL 32958

2. Principal Place of Business	3. Mailing Address
1623 N. U.S. #1	1623 N. U.S. #1
Suite, Apt. #, etc. Suite A-2	Suite, Apt. #, etc. Suite A-2
City & State Sebastian, FL	City & State Sebastian, FL
Zip / Country 32958 / U.S.A.	Zip / Country 32958 / U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] 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
Wayne Vozar 1623 N. U.S. #1 Suite A-2 Sebastian, FL 32958	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Wayne Vozar 7-23-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wayne Vozar 1623 N. U.S. #1 Suite A-2 ~~Sebastian, FL 32958~~ [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Vice President, Secretary, Treasurer & [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (11/00)

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: Wayne Vozar 6-28-01 (561) 589-3156

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

PLEASE FAX I.D. NUMBER TO 561-388-2680

Attachment COPY 2 of 2

Form **SS-4** (Rev. April 2000) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN [redacted]

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Waycom International, Inc. 12063

2 Trade name of business (if different from name on line 1)
Waycom International, Inc.

3 Executor, trustee, "care of" name
Wayne Vozar

4a Mailing address (street address) (room, apt., or suite no.)
1623 North U.S. 1

5a Business address (if different from address on lines 4a and 4b)
1623 North U.S. 1 ~~Sebastian~~ Fl

4b City, state, and ZIP code
Sebastian Fla 32958

5b City, state, and ZIP code
Sebastian Florida

6 County and state where principal business is located
Indian River County, Fla

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ ~~366-64-1885~~
WAYNE VOZAR

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ______
- ☐ Estate (SSN of decedent) ______
- ☐ Partnership
- ☐ Personal service corp.
- ☐ Plan administrator (SSN)
- ☐ REMIC
- ☐ National Guard
- ☒ Other corporation (specify) ▶ ELECTRONICS Service
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Trust
- ☐ Church or church-controlled organization
- ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ▶ ______ (enter GEN if applicable)
- ☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLOrida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Banking purpose (specify purpose) ▶
- ☒ Started new business (specify type) ▶ ELECTRONICS SERVICE
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
June 1 2000

11 Closing month of accounting year (see instructions)
12-31

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ installation of Electronic Equipment

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) ( )

Fax telephone number (include area code) ( )

Name and title (Please type or print clearly.) ▶ Wayne Vozar, Pres.

Signature ▶ Wayne Vozar Date ▶ 6-24-01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying