

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90431 001 \*1,050.00

**DOCUMENT # S79041**

1. Entity Name  
**WESCAR MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

**375 DOUGLAS AVE.  
 SUITE 2006  
 ALTAMONTE SPGS FL 32714  
 US**

**375 DOUGLAS AVE  
 SUITE 2006  
 ALTAMONTE SPGS FL 32714  
 US**

2. Principal Place of Business

3. Mailing Address

**1033 Augustus Lane**  
 Suite, Apt. #, etc.

**1033 Augustus Lane**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Mount DORA, FL**

City & State  
**Mount DORA, FL**

4. FEI Number **59-3093040**

Applied For  
 Not Applicable

Zip  
**32757**

Country  
**US**

Zip  
**32757**

Country  
**US**

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

**LOUIS GEYS  
 375 DOUGLAS AVE  
 SUITE 2006  
 ALTAMONTE SPRINGS FL 32714**

Name

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

**1033 Augustus Lane**

City  
**Mount DORA,**

FL

Zip Code  
**32757**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**  
 NAME  
**GEYS, LOUIS**  
 STREET ADDRESS  
**375 DOUGLAS AVE, SUITE 2006**  
 CITY-ST-ZIP  
**ALTAMONTE SPGS FL 32714**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
**1033 Augustus Lane**  
 CITY-ST-ZIP  
**Mount DORA, FL 32757**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis Gey**

**4/23/01**

**352-785-4066**

Dir

Daytime Phone #

CR2E034 (10/00)