

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90126 039 \*\*\*150.00

DOCUMENT # **F01000006192**

1. Entity Name  
**W.M.S. TRADE GROUP INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**.5578 SHADOW LAWN DR.**      **5578 SHADOW LAWN DR.**  
**SARASOTA FL 34242**      **SARASOTA FL 34242**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **22-3075641**      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

**WILLIAMS, DIANE J**  
**5578 SHADOW LAWN DR.**  
**SARASOTA FL 34242**

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

SIGNATURE *Diane J. Williams*  
Signature, typed or printed name of registered agent and title if applicable.

*July 15, 2002*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, DARRELL R</b>	
STREET ADDRESS	<b>5578 SHADOW LAWN DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, DIANE J</b>	
STREET ADDRESS	<b>5578 SHADOW LAWN DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Diane J. Williams*      *DIANE J. WILLIAMS, SR. UPTCOO* 941-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      *July 15, 2002*      *3462428*  
Date      Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*#121961*  
W.M.S. TRADE GROUP, INC.

---

July 15, 2002

TO: Florida Department of State  
Division of Corporations  
Uniform business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: W.M.S. TRADE GROUP, INC.

Document # F01000006192  
FEI # 22-3075641

Last week, I received the Uniform Business Report (UBR) form. After checking my records, I found that I had sent this in February of 2002. However, I checked my account and the check has never cleared.

Meanwhile, can you please accept this payment of \$150.00 in lieu of the fact that I believed I had paid it in February of 2002? I am asking that the late fee be waived and have included a copy of the February filing along with the new one I completed today.

Thank you very much for your assistance in this matter.

Regards,

*Diane J. Williams*

Diane J. Williams  
SR. VP & COO

# 2002 UNIFORM BUSINESS REPORT (UBR)

*as of 7/15/02,  
This check  
has not cleared.  
Diane Williams  
12/96/*  
**Attachment**

**DOCUMENT # F01000006192**

**1. Entity Name**  
W.M.S. TRADE GROUP INTERNATIONAL, INC.

**Principal Place of Business:**  
5578 SHADOW LAWN DR.  
SARASOTA FL 34242

**Mailing Address:**  
5578 SHADOW LAWN DR.  
SARASOTA FL 34242

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number** 22-3075641      **Applied For**  
Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
WILLIAMS, DIANE J  
5578 SHADOW LAWN DR.  
SARASOTA FL 34242

**7. Name and Address of New Registered Agent**  
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** *Diane J. Williams*      **DATE** February 12, 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  (See criteria on back)

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WILLIAMS, DARRELL R 5578 SHADOW LAWN DR. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, DIANE J 5578 SHADOW LAWN DR. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

W.M.S. TRADE GROUP  
DIANE J WILLIAMS  
DARRELL R WILLIAMS  
DARA W MILES  
5578 SHADOW LAWN DR  
SARASOTA, FL 34242-1858

**WCMA** Working Capital Management Account  
DATE February 12, 2002

PAY TO THE ORDER OF **FLORIDA DEPARTMENT OF STATE** \$ 150.00

*One hundred and fifty dollars only*

**Merrill Lynch**

**BANK ONE** BANK ONE, COLUMBUS, OH  
MEMO *FEI # 22-3075641*

*Diane J. Williams*

⑆044000804⑆ 040825465456⑈ 5057

**13. I hereby certify that the information supplied with this report or supplemental report 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:** *Diane J. Williams*      **DATE:** February 12, 2002