2003 FOR PROFIT CORPORATION UN!FORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000027063

Mailing Address

P.O. BOX 12369

1. Entity Name

WM SERVICES, INC.

Principal Place of Business

414 NORTH MERIDIAN STREET



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90124 013 ***150.00

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TALLAHASSE	E FL 32301		TALL	AHASSEE FL 32317			I		0000	, , , , , ,		
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2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.					C OUEOU NEDE IS MAN	(MO OLIA)		
							☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. F	FEI Number 59-3440196			plied For
Zin County			7:	Zip Country					00 0110 100			t Applicable
Zip Country		Zip	Zip Cour			5. Certificate of Status Desired See Rec						
6. Name and Address of Current I				ed Agent		7. Name and Address of New Registered Agent						
				Name				·				
MURPHY, WILLIAM B.				Street Address				P.O. Box Number is Not Acceptable)				
414 NORTH MERIDIAN STREET				Street Address (T.O. DOX Multiper is that Acceptable)				
TALLAHASSEE FL 32301												
					}	City				FL Zi	p Code	9
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 reinstaling) DATE												
		 	and the mapp	i (NOTE	. riogistoroc	Agent signati	ie reduied v	WING TO	The state of the s			
G FILE NOW!!! FEE IS \$150.00									9. Election Campaign Financing	l	\$5.0	O May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				rate					Trust Fund Contribution.			to Fees
10.	K i dyddio to	OFFICERS AND)BS	11.			ΔD	 DITIONS/CHANGES TO OFFICERS	AND DIRE	CTOP	2 INI 11
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NAME	MURPHY,	WILLIAM B		□ Delete	NAME						iange	L Addition
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:/

STREET ADDRESS

CITY-ST-ZIP

ED OR PAINTED NAME OF SUNING OFFICER OR DIRECTOR

4/13/03 (850)224-1820 Dayting Phone #