

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 304891

1. Entity Name

WBOM, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90408 043 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8870 CAPITAL CIRCLE NE~~

P.O. BOX 14369

TALLAHASSEE FL 32308  
 US

TALLAHASSEE FL 32317-4369  
 US

2. Principal Place of Business

3. Mailing Address

**2526 KILLARNEY WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1160716

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRUCE B. TIMM

~~8870 CAPITAL CIRCLE NE~~

~~SUITE 1~~

TALLAHASSEE FL 32308

Name

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

**2526 KILLARNEY WAY**

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

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, 2000 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 ☐ Delete  
 NAME TIMM, BRUCE B.  
 STREET ADDRESS ~~8870 CAPITAL CIRCLE NE, SUITE 1~~  
 CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2526 KILLARNEY WAY**  
 CITY-ST-ZIP **32308**

TITLE STD ☐ Delete  
 NAME TIMM, JAN BETH  
 STREET ADDRESS ~~8870 CAPITAL CIRCLE NE, SUITE 1~~  
 CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2526 KILLARNEY WAY**  
 CITY-ST-ZIP **32308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

250-894-0515

Daytime Phone #