

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90403 001 ***150.00

DOCUMENT # 452871

1. Entity Name

WANM, INC.

Principal Place of Business

Mailing Address

1010 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301
US

P.O. BOX 14369
TALLAHASSEE FL 32317-4369
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2526 KILLARNEY WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1537245

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

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

PENNINGTON, JR. C R.
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

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

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
NAME TIMM, BRUCE B.
STREET ADDRESS 3370 CAPITAL CIRCLE NE, SUITE 1
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS 2526 KILLARNEY WAY
CITY-ST-ZIP 32308

☒ Change

☐ Addition

TITLE STD
NAME TIMM, JAN BETH
STREET ADDRESS 3370 CAPITAL CIRCLE NE, SUITE 1
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS 2526 KILLARNEY WAY
CITY-ST-ZIP 32308

☒ Change

☐ Addition

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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 all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

850-894-0515

Daytime Phone #

CR2E034 (9/99)