## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 652575** 1. Entity Name W B M. INC. 03-20-2000 90059 001 \*\*\*150.00 Principal Place of Business Mailing Address 7755 STAR LAKE DRIVE P.O. BOX 1564 BARTOW FL 33831-1564 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1968032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MITCHELL, ROY DAN Street Address (P.O. Box Number is Not Acceptable) 7755 STAR LAKE DR BARTOW FL 33830 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 🔀 Addition ☐ Delete TITLE TITLE MITCHELL, ROY DAN 1955 STAR LAKE DR. MITCHELL, ROY DAN NAME NAME STREET ADDRESS 7755 STAR LAKE DRIVE STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP BARTO W, F1 33830 WRIGHT, STEURY R. SSO E DAVIDSON ST. Change TITLE ☐ Delete TITLE wright, steven r NAME STREET ADDRESS STREET ADDRESS 550 E. DAVIDSON ST CITY-ST-ZIP CITY-ST-ZIP BARTOW, FI. 33830 BARTOW FL 33830 ☐ Delete Change Addition TITLE TITLE LAURENT, SOHN 250 N. CLARK AV. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW, FI 33830 TITLE ☐ Change Addition TITLE ☐ Delete GIBSON, ClyDE NAME NAME 125 E MAIN STR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>BARTOW, FL 33830</u> ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

863-537-2571

Daytime Phone #