

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0530129

DOCUMENT # 652575

1. Entity Name

W B M, INC.

02-01-2001 90035 037 ***150.00

Principal Place of Business

Mailing Address

7755 STAR LAKE DRIVE
 BARTOW FL 33830

P.O. BOX 1564
 BARTOW FL 33831

708764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1968032

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

MITCHELL, ROY DAN
 7755 STAR LAKE DR
 BARTOW FL 33830

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, 2001 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 P ☐ Delete
 NAME MITCHELL, ROY DAN
 STREET ADDRESS 7755 STAR LAKE DRIVE
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST ☐ Delete
 NAME WRIGHT, STEVEN R
 STREET ADDRESS 550 E. DAVIDSON ST
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DP ☐ Delete
 NAME MITCHELL, ROY DAN
 STREET ADDRESS 7755 STAR LAKE DR
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DST ☐ Delete
 NAME WRIGHT, STEVEN R
 STREET ADDRESS 550 E DAVIDSON ST
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME LAURENT, JOHN
 STREET ADDRESS 250 N CLARK AVE
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME GIBSON, CLYDE
 STREET ADDRESS 125 E MAIN STREET
 CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy D. Mitchell President 1-26-01 863-537-2671

CR2E034 (10/00)