

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019621 MB

DOCUMENT # **A19428**

1. Entity Name
W.A.M., LTD.



FILED

03 JAN 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**200 UNION HILL DRIVE, STE. 100
BIRMINGHAM AL 35209**

Mailing Address
**200 UNION HILL DRIVE, STE. 100
BIRMINGHAM AL 35209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **63-0895350**

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

**BODNAR, MIKE
503 OSCEOLA DR.
DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$57,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BODNAR, J. MICHAEL
3000 BRIARCLIFF RD.
BIRMINGHAM AL**

STREET ADDRESS

CITY-ST-ZIP

**700010964487
01/27/03--01077--023 **487.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F96000002120
BODNAR INVESTMENT GROUP, INC.
200 UNION HILL DRIVE, STE. 100
BIRMINGHAM AL 35209**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/22/03
Date

(265) 871-8885
Daytime Phone #

CR2E003 (10/02)