

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002157

1. Entity Name

WMC HOLDINGS, INC.

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90039 001 ***300.00

Principal Place of Business

Mailing Address

831 S FIRST ST
LOUISVILLE KY 40203
US

831 SOUTH 1ST ST
LOUISVILLE KY 40203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0482978

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 40202

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	COPPIETERS, EDDY	NIEUWSTRAAT 146 B 8560 WEVELGEND BE		Director	Jensen, Jesper	14 Hofveld 6 - Bldg F 1702 Groot-Bijgaarden / Belgium
	P	VAN LINDEN, GUIDO	831 S. 1ST ST LOUISVILLE KY 40203				
	T	DECKER, PHYLLIS	831 SOUTH 1ST ST LOUISVILLE KY 40203				
	S	VANDERERFVEN, WIM	NIEUWSTRAAT 146 B 8560 WEVELGEND BE		Secretary	Vandererfven, Wim	14 Hofveld 6 - Bldg F 1702 Groot-Bijgaarden / Belgium

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01 (502)681-1281

CR2E034 (10/00)