2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400002355 1. Entity Name WMA SECURITIES, INC.				FILED Jan 24, 2000 8:00 am Secretary of State 01-24-2000 90004 041 ***150.00		
Principal Place of Business	Mailing Address			01-24-2000 90	004 041 ****150	).00
11315 JOHNS CREEK PKWY DULUTH FL 30097	11315 JOHNS CREEK PKWY DULUTH FL 30097-1517					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE II	N THIS SPACE	
City & State	City & State		4.	FEI Number 58-2043379		plied For
Zip Country	Duluth, GA	Country	5.	Certificate of Status Desired	State	
6- Name and Address of Current	Registered Agent		7:	Name and Address of New Regi		
		Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street /	ddress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324		City			FL Zip Cod	e
8. The above named entity submits this statement for	r the purpose of changing its	registered office c	r registered ag	gent, or both, in the State of Florida	<u> </u>	
SIGNATURE	and title if applicable. (NOTE	: Registered Agent signa	ture required when r	reinstating)	DATE	
		I FEE IS \$150 00 Fee will be \$	550.00	10. Election Campaign Finance Trust Fund Contribution.		0 May Be to Fees
11. OFFICERS AND		12.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE V NAME PALMER, KEVIN STREET ADDRESS 11315 JOHNS CREEK PKWY CITY-ST-ZIP DULUTH GA 30097	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Change	Addition
TITLE DVST NAME MOATE, NANCY A STREET ADDRESS 11315 JOHNS CREEK PKWY	Delete	TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP DULUTH GA 30097	x Deiete	- CITY-ST-ZIP-~~	···		Change	Addition
NAME KEEGAN; JOHN- STREET ADDRESS11315- JOHNS- GREEK PWKY CITY-ST-ZIP DULUTHA GA-30097-		NAME Street Address City-St-Zip		M. Clause Johns Creek Parl h, GA 30097	kway	
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS			🔲 Change	Addition
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE			📋 Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an address, SIGNATURE:	s true and accurate and that n owered to execute this report	ny signature shall as required by Ch	have the same apter 607, Flor	e legal effect as it made under oath rida Statutes; and that my name an	i; that I am an officer opears in Block 11 of	or director