## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900002069  1. Entity Name WFMI, INC.					Secretary of State 02-28-2002 90074 010 ***150.00			
Principal Plac	ce of Business	Mailing Address						
241 ROYAL P	ALM WAY	241 ROYAL PALM WAY						
PALM BEACH	FL 33480	PALM BEACH FL 33480						
	Place of Business	3. Mailing Address						
240 Roy Suite, Apt.	al Palm Way	240 Royal Palm Way Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SDACE		
Suite, Apt. #,			, 010.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 52-2164282	<del></del>	oplied For	
Zip Country		Zip Country			·	\$8.75 ad	ot Applicable ditional	
						Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM			. Street A	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				officer / duriess (1.0. Box Number is Not / Geography)				
PLANTATI	ON FL 33324							
			City			FL Zip Cod	е	
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002	Fee will be \$5	00 50.00	10. Election Campaign Financin Trust Fund Contribution.		0 May Be	
	ria on back)	Make Check Payable	to Department		DOITIONS (OLIANOES TO OFFICER)	C AND DIDECTOR	C IN 11	
TITLE	PTSD OFFICERS AND D	Delete	TITLE	AL	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	Addition	
NAME	AMLIE, CLAUDIA S		NAME		el L. Schmickle	<b>n</b> - •		
STREET ADDRESS CITY-ST-ZIP	241 ROYAL PALM WAY PALM BEACH FL 33480		STREET ADDRESS CITY-ST-ZIP	240 Royal Palm Way				
TITLE	V	K Delete	TITLE			☐ Change	Addition	
NAME	SCHMICKLE, MICHAEL L		NAME				Ì	
STREET ADDRESS CITY-ST-ZIP	241 ROYAL PALM WAY PALM BEACH FL 33480		STREET ADDRESS CITY-ST-ZIP				1	
TITLE	VP	□ Delete	TITLE			T Change	☐ Addition	
NAME	GIBSON, STEVEN R	_ 2000	NAME			<b>A</b> - V	_	
STREET ADDRESS .	241 ROYAL PALM WAY PALM BEACH FL 33480		STREET ADDRESS CITY-ST-ZIP	240 Roy	val Palm Way	•		
TITLE	FALM DEROTT E 33400		TITLE	VPD		☐ Change	Addition	
NAME			NAME		E. Hurley			
STREET ADORESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	204 Ro	yal Palm Way each, FL 33480		i	
TITLE			TITLE	raim b	each, FL 33460	Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE			Change	Addition	
NAME		□ Dolete	NAME			Juliango		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with the	nis filing does not qualify for the	CITY-ST-ZIP	ed in Section	119 07(3Vi) Florida Statutas Lifurth	er certify that the in	nformation	
indicated of the cor	on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, wit	ue and accurate and that my sered to execute this report as	signature shall h	ave the same t	legal effect as if made under oath; ti	hat I am an officer	or director	

SIGNATURE: ARENETURE RECUIRED

2/**08** /2002

(561) 659-6551