

2001 UNIFORM BUSINESS REPORT (UBR)

0023631 AF

DOCUMENT # L00000009378

1. Entity Name
W.A.M., L.L.C.

FILED

01 APR 16 PM 1:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2162 RESERVE PARK TRACE
PORT ST. LUCIE FL 34983

Mailing Address
2162 RESERVE PARK TRACE
PORT ST. LUCIE FL 34983



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

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDWIN, PATRICIA A
10014 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004078949--8
-04/25/01--01124--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member ☐ Delete
NAME Don Maynard
STREET ADDRESS 2162 Reserve Park Trace
CITY-ST-ZIP Port St. Lucie, FL 34986

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

TITLE Member ☐ Delete
NAME Robert Whiteman
STREET ADDRESS 36 Bean Road
CITY-ST-ZIP Katskill Bay, New York 12844

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

TITLE Member ☐ Delete
NAME Ashby, Keith
STREET ADDRESS 10101 Spyglass Lane
CITY-ST-ZIP Port St. Lucie, FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(561) 201-2622

CR2E083 (11/00)