

2000 UNIFORM BUSINESS REPORT (UBR)

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0022631

DOCUMENT # L23112

1. Entity Name

WYMAN FINANCIAL SERVICES, INC.

FILED

00 JUL 14 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5240 BABCOCK ST., N.E.
STE 110
PALM BAY FL 32905

Mailing Address

5240 BABCOCK ST., N.E.
STE 110
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2970987

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

WYMAN, THOMAS R.
5240 BABCOCK STREET NE
SUITE 110
PALM BAY FL 32905

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS WYMAN, THOMAS R.
CITY-ST-ZIP 5240 BABCOCK ST NE, #110
PALM BAY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

7-7-00

Date

321-957-1335

Daytime Phone #

CR2E034 (5/00)

WYMAN FINANCIAL SERVICES, INC.

A REGISTERED INVESTMENT ADVISOR

5240 Babcock Street, N.E.

Suite 110

Palm Bay, Florida 32905

(407) 951-1335 • (800) 438-5179

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WYMAN
FINANCIAL

July 7, 2000

Department of State/Florida

Dear Sir or Madam:

The only notice we received was July 7, 2000. Your office instructed us to send \$150.00. We can be reached at 800-438-5179 if necessary.

Best Regards,



Thomas R. Wyman
President