

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001928**

1. Entity Name

WM DISTRIBUTORS, L.C.

Principal Place of Business

247 N. COLLIER BOULEVARD, SUITE 202
MARCO ISLAND FL 34145

Mailing Address

247 N. COLLIER BOULEVARD, SUITE 202
MARCO ISLAND FL 34145-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

MORRIS, WILLIAM G

247 N. COLLIER BOULEVARD, SUITE 202
MARCO ISLAND FL 34145

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME **MGRM** ☐ Delete
~~CLAWIK, MEL~~ *Melcat, Inc.*
STREET ADDRESS 571 S. COLLIER BLVD.
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE NAME **MGRM** ☐ Delete
BNP DISTRIBUTORS, INC.
STREET ADDRESS 247 N. COLLIER BOULEVARD, SUITE 202
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **500003195385--9**
CITY - ST - ZIP **-04/04/00--01077--001**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *******50.00**
CITY - ST - ZIP *******50.00**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED
FILED

00 MAR 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)