

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 040 ****50.00

DOCUMENT # L99000001928

1. Entity Name
WM DISTRIBUTORS, L.C.

Principal Place of Business **Mailing Address**
247 N. COLLIER BOULEVARD, SUITE 202 **247 N. COLLIER BOULEVARD, SUITE 202**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 34145**

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 **65-0924503** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MELCAT, INC.**
STREET ADDRESS **571 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED** **BNP Enterprises, Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)