Apr 17, 2003 8:00 am § Secretary of State

04-17-2003 90144 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000027271

1. Entity Name W-MART, INC.



Principal Place of Business 1601 N. CENTRAL AVENUE, P.H. 2 FLAGLER BEACH FL 32136

Mailing Address

1601 N. CENTRAL AVENUE, P.H. 2

FLAGLER BEACH FL 32136

'	lace of Business E. AMBERWOOD PL	3. Mailing Address 62407 E. AMBERWOOD PL		PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number	A	pplied For
TUCSON. AZ		TUCSON AZ			59-3641412	N	lot Applicable
Zip	Country	Zip	Country	5	Certificate of Status Desired	\$8.75 Ad	Iditional
85739	PINAL -	85739	PINAL		Certificate of Status Desired	Fee Require	ed
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
CHIUMENTO, MICHAEL D ESQ.				Street Address (P.O. Box Number is Not Acceptable)			
4 OLD KINGS ROAD NORTH			Street	Street Address (P.O. Box Number is Not Acceptable)			
	TOO HOND HOME		<u> </u>				
SUITE.B.				 -			
PALM COAST FL 32137			City		FL	Zip Cod	et
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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Adde	00 May Be ed to Fees
10.	OFFICERS AND		11.	A[ODITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ Delete	TITLE	D	_ , , , , , , , , , , , , , , , , , , ,	X Change	☐ Addition
NAME	WALL, ROBERT W	•	NAME		Robert W		
STREET ADDRESS	1601 N. CENTRAL AVENUE, P.H	. 2	STREET ADDRESS		-EAmberwood Pl		
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		n_AZ_85739-	<u></u>	
TITLE	D	☐ Delete	TITLE	D;		🔀 Change	Addition
NAME	WALL, SONDRA B		NAME	Wall,	Sondra B		
STREET ADDRESS	1601 N. CENTRAL AVENUE, P.H.		STREET ADDRESS		E. Amberwood Pl		
CITY-ST-ZIP	FLAGLER BEACH FL 32136	<u> </u>	CITY-ST-ZIP	Tucson	n, AZ=85739		
TITLE		☐ Delete	TITLE	'	•	☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				{
STREET ADDRESS			STREET ADDRESS				

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition