

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90212 014 ***150.00

DOCUMENT # P00000047822

1. Entity Name

WCM ENTERPRISES, INC

Principal Place of Business

1503 US HIGHWAY 92 WEST
 200
 AUBURDALE FL 33823

Mailing Address

PO BOX 450065
 KISSIMMEE FL 34745

2. Principal Place of Business

575 SELLARS DR

3. Mailing Address

575 SELLARS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

4. FEI Number

59-3645639

Applied For

Not Applicable

Zip

33850

Country

USA

Zip

33850

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALLEGATO, KATIE

1492 MILL SLOUGH RD.
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name
 WILLIAM C MARTINO

Street Address (P.O. Box Number is Not Acceptable)

575 SELLARS DR

City

LAKE ALFRED

FL

Zip Code

33850

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 William C Martino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MARTINO, WILLIAM C SR. | |
| STREET ADDRESS | 575 SELLARS DR. | |
| CITY-ST-ZIP | LAKE ALFRED FL 33850 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MARTINO, WILLIAM C JR. | |
| STREET ADDRESS | 1044 CANDLEWOOD DR. | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: WILLIAM C MARTINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

Daytime Phone #

1-863-956-5500

CR2E034 (9/01)