

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90090 020 ***150.00

DOCUMENT # P00000078811

1. Entity Name

WPB MANAGEMENT, INC.

Principal Place of Business
 2000 N. FLORIDA MANGO ROAD
 SUITE 200
 WEST PALM BEACH FL 33409

Mailing Address
 2000 N. FLORIDA MANGO ROAD
 SUITE 200
 WEST PALM BEACH FL 33409

2. Principal Place of Business

3540 Forest Hill Blvd

Suite, Apt. #, etc.

#203

City & State

West Palm Beach FL

Zip

33406

Country

USA

3. Mailing Address

3540 Forest Hill Blvd.

Suite, Apt. #, etc.

#203

City & State

West Palm Beach FL

Zip

33406

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1036973

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N-
 220 SOUTH FRANKLIN STREET
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Deborah A. Dentry

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

3540 Forest Hill Blvd.

#203

City

West Palm Beach FL

33406

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

Deborah A. Dentry

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

(NOTE: Registered Agent signature required when re-registering)

4/25/01

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 \$150.00
After MAY 1, 2001 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	<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	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah A. Dentry	
STREET ADDRESS	3540 Forest Hill Blvd #203	
CITY-ST-ZIP	West Palm Beach FL 33406	
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)(c), 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:

Deborah A. Dentry

4/25/01

561 433 4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (10/00)