

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1052

DOCUMENT # P01000037157

1. Entity Name

WMS ASSOC., INC.

FILED

03 JAN 10 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1211 Mainsail Way

Suite, Apt. #, etc.

3. Mailing Address

1211 Mainsail Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, Florida

City & State

Palm Harbor, Florida

4. FEI Number

59-3711762

Applied For

Not Applicable

Zip

34685

Country

Zip

34685

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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.

SPIEGEL & UTRERA, P.A.

SIGNATURE

By:

Natalia Utrera

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PSTD

NAME

Stone, William M.

STREET ADDRESS

1211 Mainsail Way

CITY- ST- ZIP

Palm Harbor, Florida 34685

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

800010665318

01/23/03--01004--025 **300.00

TITLE

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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William M. Stone

William M. Stone, President

Date

1-6-2003

Daytime Phone

MW

CR2E034B (12/01)

292

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF PINELLAS)

1. William M. Stone is the President of WMS ASSOC., INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 4, 2002.
3. That the Corporation failed to file its 2002 Annual Report or pay the 2002 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002 and 2003 Annual Report fees and the filing of its 2002 and 2003 Annual Reports, which are presented simultaneously with this Affidavit.
5. WMS ASSOC., INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 6 day of January, 2003

FURTHER, AFFIANT SAYETH NOT

WMS ASSOC., INC.

By: William M. Stone
William M. Stone, President

SWORN AND SUBSCRIBED

before me this 6 day of January, 2003.

[Signature]
Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____

