

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

DOCUMENT # P01000042102

1. Entity Name

WMIB, INC.

FILED

02 DEC -3 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8019 N. Himes Ave

Suite, Apt. #, etc.

400

3. Mailing Address

8019 N. Himes Ave

Suite, Apt. #, etc.

400

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

03-0403181

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PAUL L. SAMSON

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

8019 N. Himes Ave. #400

City

TAMPA

FL

Zip Code

33614

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]

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

(NOTE: Registered Agent signature required when reinstating)

11/22/02

DATE

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 P
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
PAUL L. SAMSON
8019 N. Himes Ave #400
TAMPA, FL 33614

TITLE V
NAME
STREET ADDRESS
CITY - ST - ZIP
MARK A. LOPEZ
V.P., TREASURER
8019 N Himes Ave #400
TAMPA, FL 33614

TITLE
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CITY - ST - ZIP

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[Signature]
**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

WMIB, Inc.

November 22, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: WMIB, Inc.
Document No. P01000042102

To whom it may concern:

Enclosed please find the Uniform Business Report along with our check in the amount of \$158.75 representing the fee to renew along with the charge for the copy of the Certificate of Status.

I would appreciate your consideration in this matter due to the fact that we did not receive this renewal in the mail. We moved from Benjamin Road and somehow didn't receive this form.

Thank you for your consideration in this matter.

Sincerely,



Alice Chase
Assistant to Mr. Samson
President

Enclosures