

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90380 049 ***150.00

0009662 AT

DOCUMENT # P01000042102	
1. Entity Name WMIB, INC.	

Principal Place of Business 8019 N. HIMES AVE 400 TAMPA FL 33614	Mailing Address 8019 N. HIMES AVE 400 TAMPA FL 33614
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 03-0403181	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMSON, PAUL L 8019 N. HIMES AVE 400 TAMPA FL 33614	Name M A LOPEZ Street Address (P.O. Box Number is Not Acceptable) 4805 W LEONA STREET City TAMPA FL Zip Code 33629-7618

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]* DATE 4/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMSON, PAUL L 8019 N. HIMES AVE #400 TAMPA FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, MARK A 8019 N. HIMES AVE #400 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4/25/03 DAYTIME PHONE # (813) 817-1657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)