

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91096 012 \*\*\*150.00

DOCUMENT#-P01000102466--

1. Entity Name

WKM Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

6093 Old Court Rd  
Suite, Apt. #, etc.  
#241

PO Box 1694  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton FL

City & State  
Boca Raton FL

4. FEI Number  
651145777

Applied For  
Not Applicable

Zip  
33433

Country  
USA

Zip  
33429

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
W Keith Mason

Street Address (P.O. Box Number is Not Acceptable)  
6093 Old Court Rd 241

City  
Boca Raton FL Zip Code  
33433

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP W Keith Mason 6093 Old Court Rd 241 Boca Raton FL 33433
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K MASON

Date

Daytime Phone #

3-9-03 5613471966

CR2E034B (12/02)