

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90523 022 ***150.00

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DOCUMENT # P97000059608

1. Entity Name
WMY, INC.



Principal Place of Business
**2507 WEST 7TH STREET
LEHIGH ACRES FL**

Mailing Address
**2507 WEST 7TH STREET
LEHIGH ACRES FL**

11018129



2. Principal Place of Business

7101

Suite, Apt. #, etc.

60

City & State

FT. MYERS, FL

3. Mailing Address

6637

Suite, Apt. #, etc.

CIRCLE

City & State

FT. MYERS

PLANTATION PRESERVE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0774178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCOY, WILLIAM D
2507 WEST 7TH STREET
LEHIGH ACRES FL**

Address change

7. Name and Address of New Registered Agent

Name

MCCOY, WILLIAM D.

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

6637 PLANTATION PRESERVE CIRCLE

City

FT. MYERS

FL

Zip Code

33912

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

FILE NOW!!! FEE IS \$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

TITLE **PD** ☐ Delete
NAME **MCCOY, WILLIAM D**
STREET ADDRESS **2507 WEST 7TH STREET**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **STD** ☐ Delete
NAME **MCCOY, YOUNG M**
STREET ADDRESS **2507 WEST 7TH STREET**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MCCOY, WILLIAM D.**
STREET ADDRESS **6637 PLANTATION PRESERVE CIRCLE**
CITY-ST-ZIP **FT. MYERS, FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **MCCOY, YOUNG M.**
STREET ADDRESS **6637 PLANTATION PRESERVE CIRCLE**
CITY-ST-ZIP **FT. MYERS, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-03 239-437-6622

CR2E034 (10/02)