2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P97000080711 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** WM. L. COMPANIES, INC. 03-03-2000 90218 011 ***150.00 Principal Place of Business Mailing Address 671 JUNEBERRY COURT 671 JUNEBERRY COURT BOCA RATON FL 33486-5629 **BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0781532 City & State City & State Applied For-Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SZYMANSKI, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 671 JUNEBERRY COURT **BOCA RATON FL 33486** Zip Code 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After: MAY 1=2000-Fee: will-bo:\$550:00: -Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PTD Delete TITLE SZYMANSKI, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 671 JUNEBERRY COURT CITY-ST-78 CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition ☐ Change VSD ☐ Delete TITLE TITLE NAME SZYMANSKI, LYNNE E NAME STREET ADDRESS STREET ADDRESS 671 JUNEBERRY COURT CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if