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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR D

Feb 14, 2001 8:00 am DOCUMENT # P97000080711 **Secretary of State** 1. Entity Name WM. L. COMPANIES, INC. 02-14-2001 90028 029 ***150.00 Principal Place of Business Mailing Address 71 JUNEBERRY COURT 971 JUNEBERRY COURT U # U U I # BOCA RATON FL 33486 BOCA-RATON FE 33486 Mailing Address 2220 E. Silver Palm Ro 2. Principal Place of Business W. CAMINO Gardens 12 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0781532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 180 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SZYMANSKI, WILLIAM R Street Address (P.O. Box Number is Not Acceptable 671-JUNEBERRY COURT -BOCA RATON FL 33488 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE CR2E034 (10/00) ☐ Addition NAME SZYMANSKI, WILLIAM R NAME 2220 E. Silver Palm Roms Boca Roton , Fr 33432 STREET ADDRESS 671 JUNEBERRY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33488 > TITLE ☐ Delete TITLE NAME 2220 E. Silver Palm Road SZYMANSKI, LYNNE E NAME STREET ADDRESS *671 JUNEBERRY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with an other like empowered.