

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063488

1. Entity Name

WMA SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90396 025 ***150.00

Principal Place of Business

119 SPIRES LANE
 SANTA ROSA BEACH FL 32459

Mailing Address

119 SPIRES LANE
 SANTA ROSA BEACH FL 32459-4375

2. Principal Place of Business

40001 Emerald Coast Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

40001 Emerald Coast Pkwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin, FL

Zip
 32541

Country
 U.S.

City & State

Destin, FL

Zip
 32541

Country

4. FEI Number

59-3523016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, JOHN W
 607 HIGHWAY 98 EAST
 DESTIN FL 32541

Name

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

City

FL

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

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/Dir ☐ Delete
 NAME ADKINSON, W. MICHAEL
 STREET ADDRESS 502 GREENWAY COVE
 CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Michael Adkinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

850)654 7211

Daytime Phone #

CR2E034 (9/99)