

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000073177**

1. Entity Name

**WMF ENTERPRISES INC.****FILED****Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90010 048 \*\*\*150.00

Principal Place of Business

707 EAST OAK STREET  
KISSIMMEE FL 34744

Mailing Address

707 EAST OAK STREET  
KISSIMMEE FL 34744

2. Principal Place of Business

717 E. Oak Street

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

City &amp; State

Kissimmee, FL

City &amp; State

Kissimmee, FL

4. FEI Number

59-3526539

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

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

SWART, HARRY J CPA  
6430 METRO WEST BLVD., 512  
ORLANDO FL 32835

Name

Harry J. Swart, CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code

34744

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS FENDRICK, WILLIAM M  
CITY-ST-ZIP 6430 METRO WEST BLVD., 512  
ORLANDO FL 32819TITLE ☒ Change ☐ Addition  
NAME P.S. D  
STREET ADDRESS 11905 Tech Drive, Suite 326  
CITY-ST-ZIP Eden, MN 55344TITLE ☒ Delete  
NAME D  
STREET ADDRESS SCHMIDT, ERIC L  
CITY-ST-ZIP 7526 SUGAR BEND DRIVE  
ORLANDO FL 32819TITLE ☐ Change ☐ Addition  
NAME  
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NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)