2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

FILED DOCUMENT # P98000081247 May 01, 2000 8:00 am 1. Entity Name **Secretary of State** W&M MANAGEMENT, INC. 05-01-2000 90439 013 ***150.00 Mailing Address Principal Place of Business C/O WACNER & DECKERT-C/O WAGNER & DECKERT 1601 FORUM PLACE, SUITE 300-1601-FORUM PLACE, SUITE-300 WEST PALM BEACH FL 33401-8102 WEST-PALM-BEAGH-FL 33401 3. Mailing Address 2. Principal Place of Business 90 TIMOTHY M. DECKERT PA Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1850 FOREST HOLL BLUD. SE 204-A Applied For 4 FEI Number City & State 65-0866005 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required.__ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DECKERT, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) GO TIMOTHY M. DECKELT PA C/O WAGNER & DECKERT 1601 FORUM PLACE, SUITE 300 1850 FOREST HILL BUS, SUITE 204-A WEST PALM BEACH FL-33401 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 (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PD TITLE Change ☐ Delete TITLE WARNEKA, BOB NAME NAME STREET ADDRESS STREET ADDRESS 8403 S.E. WOODMERE STREET CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** Change Change ☐ Addition ☐ Delete TITLE TITLE Mureiu, Hubh MURRALL. HUGO NAME NAME 8695 PINE CAY 4621 CHERRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33417 Addition ☐ Delete TITLE TITLE COLLETTA, JULIUS P NAME NAME 21839 PHILMONT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change Addition ☐ Delete TITLE 7171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 a proceeding on a particle of the corporation of t