

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081247

1. Entity Name

W&amp;M MANAGEMENT, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

2001

04-27-2001 90380 030 \*\*\*150.00

## Principal Place of Business

C/O TIMOTHY M. DECKER, PA  
1850 FOREST HILL BLVD. STE 204-A  
WEST PALM BEACH FL 33406

## Mailing Address

C/O TIMOTHY M. DECKER, PA  
1850 FOREST HILL BLVD. STE 204-A  
WEST PALM BEACH FL 33406

## 2. Principal Place of Business

C/O TIMOTHY M. DECKER, P.A.

Suite, Apt. #, etc.

## 3. Mailing Address

C/O TIMOTHY M. DECKER, PA

Suite, Apt. #, etc.

## City &amp; State

## City &amp; State

## 4. FEI Number

65-0866005

Applied For

Not Applicable

## Zip

## Country

## Zip

## Country

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DECKER, TIMOTHY M P.A.  
C/O TIMOTHY M DECKER, PA  
1850 FOREST HILL BLVD. STE 204-A  
WEST PALM BEACH FL 33406

## 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARNEKA, BOB 8403 S.E. WOODMERE STREET HOBE SOUND FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MURRALL, HUGO 8695 PINE CAY WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLETTA, JULIUS P 21839 PHILMONT COURT BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bob Warneka* PO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

561-546-9917

Date

Daytime Phone #

CR2E034 (10/00)