

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P98000081247**

1. Entity Name

**W&M MANAGEMENT, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**C/O TIMOTHY M. DECKERT, P.A.**

3. Mailing Address

**C/O TIMOTHY M. DECKERT, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0866005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARNEKA, BOB	
STREET ADDRESS	8403 S.E. WOODMERE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	<del>MURRALL, HUGO</del>	
STREET ADDRESS	8695 PINE CAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLETTA, JULIUS P	
STREET ADDRESS	21839 PHILMONT COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRILL, HUGH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bob Warneka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

4-23-01

Date

561-546-9917

Daytime Phone #

0295075

CR2E034 (10/00)