

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90115 012 ***150.00

DOCUMENT # P99000038884

1. Entity Name
WM, INC. OF PENNSYLVANIA



Principal Place of Business
**STONEWOOD COMMONS I. SUITE 310
101 BRADFORD RD
WEXFORD PA 15090**

Mailing Address
**STONEWOOD COMMONS I. SUITE 310
101 BRADFORD RD
WEXFORD PA 15090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1523561**

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

7. Name and Address of New Registered Agent

**FELDMAN, GERALD E
42 ST. GEORGE PLACE
PALM BCH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GING, EDWARD D**
CITY-ST-ZIP **302 FOX CHAPEL ROAD
PITTSBURGH PA 15235**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **500 S.E. Fifth Avenue, Unit 1002**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **FELDMAN, GERALD E**
CITY-ST-ZIP **42 ST. GEORGE PLACE
PALM BEACH GARDNES FL 33418**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 **724.934.1380**
Date Daytime Phone #

CR2E034 (10/02)