


FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000085128 1. Entity Name WTM ENTERPRISES, INC.		
Principal Place of Business 4174 JUNIPER TERRACE BOYNTON BEACH, FL 33436	Mailing Address 4174 JUNIPER TERRACE BOYNTON BEACH, FL 33436	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARCACCI, WILLIAM J 4174 JUNIPER TERRACE BOYNTON BEACH, FL 33436		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARCACCI, WILLIAM J 4174 JUNIPER TERRACE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARCACCI, THERESA 4174 JUNIPER TERRACE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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: <u><i>Teresa Marcacci</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/24/04</u> <u>561-704-0083</u> <small>Date Daytime Phone #</small>



02032004 No Chg-P CR2E034 (1Q/03)

4. FEI Number **65-0952106** Applied For ☐ Not Applicable

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

U00000098236
03/29/04-80032-014 150.00

**DO NOT WRITE
IN THIS SPACE**