

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90044 050 ***150.00

DOCUMENT # H02464

1. Entity Name

WIL. DOR. INC.

Principal Place of Business

Mailing Address

**7408 SIEMENS DR
 WENDELL NC 27591
 US**

**7408 SIEMENS DR
 WENDELL NC 27591-8317
 US**

O I F O U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2415287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, THOMAS R CPA
 91551 OVERSEAS HWY
 TAVERNIER FL 33070**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SILER, WM. R.	
STREET ADDRESS	7408 SIEMENS DR	
CITY-ST-ZIP	WENDELL NC 27591	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILER, DOROTHY J.	
STREET ADDRESS	9151 OVERSEAS HWY	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILER, DALE P.	
STREET ADDRESS	7408 SIEMENS DR	
CITY-ST-ZIP	WENDELL NC 27591	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLDEN, MONIKA	
STREET ADDRESS	7408 SIEMENS DR	
CITY-ST-ZIP	WENDELL NC 27591	
TITLE	CD	<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"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Monika Holden* / **MONIKA HOLDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00
 Date

919 365-0381
 Daytime Phone #

CR2E034 (9/99)