

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-26-2001 90010 011 ***150.00

DOCUMENT # P00000011042

1. Entity Name

WILD BILL'S USED, INC.

Principal Place of Business

1923 B 63RD AVE. E.
BRADENTON FL 34203

Mailing Address

1923 B 63RD AVE. E.
BRADENTON FL 34203

2. Principal Place of Business

1923 B 63RD Ave E.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

4. FEI Number

65-0997284

Applied For

Not Applicable

Zip

34203

Country

Monatee

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARROWSMITH, WILLIAM E
8110 TIMBER LAKE LANE
SARASOTA FL 34243**

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

William E. Arrowsmith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-20-01

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 ☐ Delete

**President
William E. Arrowsmith
8110 Timber Lake Ln.
Sarasota FL 34243**

TITLE ☐ Delete

**Secretary
William E. Arrowsmith
8110 Timber Lake Ln.
Sarasota FL 34243**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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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:

William E. Arrowsmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

941-7392835

Daytime Phone #

CR2034 (10/00)