

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90190 042 ***150.00

DOCUMENT # S99677

1. Entity Name
THOM WIL, INC.

Principal Place of Business

**3731 SW 47TH AVE
 SUITE 405
 FORT LAUDERDALE FL 33314
 US**

Mailing Address

**2951 SW 14 ST
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

303 SW 27 AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

Country

33312

USA

4. FEI Number

65-0300659

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILHELM, THOMAS
 2951 SW 14 ST
 FT LAUDERDALE FL 33312**

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 Tom Wilhelm

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

(NOTE: Registered Agent signature required when reinstating)

4-15-02

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, 2002 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 **SDPT** Delete
 NAME **WILHELM, THOMAS**
 STREET ADDRESS **2951 SW 14 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VP** Delete
 NAME **COMPTON, JON CHRISTIAN**
 STREET ADDRESS **2550 SW 18TH TERR APT 1811**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **1650 MAYO ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Tom Wilhelm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 954-581-5623

Date

Daytime Phone #

CR2E034 (9/01)