

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # V62336	
1. Entity Name G. WILLIKERS, INC.	

FILED
04 FEB 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 7113 S TAMiami TRAIL SARASOTA FL 34231	Mailing Address 7113 S TAMiami TRAIL SARASOTA FL 34231
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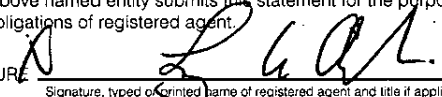
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0352173	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMI, LARRY W 7113 TAMiami TRAIL SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 2-11-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMI, LARRY W 2385 FIESTA DR. SARASOTA FL 34231 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMI, JAMES W 4176 ESCONDITO CIR SARASOTA FL 34238 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMI, MARY L 4176 ESCONDITO CIR SARASOTA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200024641372 11/13/03--01054--001 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200024641372 02/16/04--01025--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE 	SIGNATURE REQUIRED	2-11-04	941-925-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (4/03)