

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90057 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 551639			
1. Entity Name WILK, INC.			
Principal Place of Business W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY FL 33844		Mailing Address W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY FL 33844	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1779970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
F. DELANE WILKINSON W. U.S. HIGHWAY 17-92 HAINES CITY FL 33844		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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete		
NAME	WILKINSON, F DELANE		
STREET ADDRESS	1909 PENINSULAR DR		
CITY-ST-ZIP	HAINES CITY FL		
TITLE	ST <input type="checkbox"/> Delete		
NAME	WILKINSON, JOANNA		
STREET ADDRESS	1909 PENINSULAR DR.		
CITY-ST-ZIP	HAINES CITY FL		
TITLE	VP <input type="checkbox"/> Delete		
NAME	WILKINSON, STEVEN D.		
STREET ADDRESS	2104 PENINSULAR DR.		
CITY-ST-ZIP	HAINES CITY FL		
TITLE	<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"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
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: <i>Delane Wilkinson</i>		1/8/01 863-421-1252	
DELANE WILKINSON/PRESIDENT		Date Daytime Phone #	

CR2E034 (10/00)