

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100642

1. Entity Name

WILKAR ENTERPRISES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90015 045 ***150.00

Principal Place of Business

9459 N. EUBANKS TERRACE
DUNNELLON FL 34433

Mailing Address

9459 N. EUBANKS TERRACE
DUNNELLON FL 34433

2. Principal Place of Business

5870 W. Inland Ct

3. Mailing Address

5870 W. Inland Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon FL

Zip

34433

Country

USA

Zip

34433

Country

USA

4. FEI Number

59-3494430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKINS, KAREN

9459 N. EUBANKS TERRACE
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5870 W. Inland Ct

City

Dunnellon

FL

Zip Code

34433

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

Karen Wilkins

V.P.

Karen Wilkins

2-21-01

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, 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 PD
NAME WILKINS, JOHN
STREET ADDRESS 9459 N. EUBANKS TERR
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

TITLE VTSD
NAME WILKINS, KAREN
STREET ADDRESS 9459 N. EUBANKS TERR
CITY-ST-ZIP DUNNELLON FL 34433 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5870 W Inland Ct ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 5870 W Inland Ct ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

Karen Wilkins V.P. Karen Wilkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-21-01

Daytime Phone #

352
489-0019

0549131

CR2E034 (10/00)