

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90270 049 ***158.75

DOCUMENT # 351930

1. Entity Name
M. BILT ENTERPRISES, INC.



Principal Place of Business
**1 WELL BILT DRIVE
WILLISTON H FL 32696**

Mailing Address
**P.O. BOX 100
WILLISTON H FL 32696**

2. Principal Place of Business

3. Mailing Address
107 NE 1ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA

4. FEI Number **59-1367480**

Applied For
Not Applicable

Zip

Country

Zip

Country

FL

34470

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUGATE, NORM D.
444 NW MAIN ST STE 1
P. O. BOX 98
WILLISTON FL 32696**

Name

CAROLYN BILT

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

1 WELL BILT DR

City

WILLISTON

FL

Zip Code
32696

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 *Carolyn Bilt*
Signature, typed or printed name of registered agent and title if applicable.

CAROLYN BILT

2/3/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BILT, CAROL
1 WELL BILT DRIVE
WILLISTON FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 all other like empowered.

SIGNATURE: *Carolyn Bilt* **REQUIRED** **CAROLYN BILT** **2/3/03** **800-940-2458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)