

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91290 048 ***150.00

DOCUMENT # 379501

1. Entity Name
WIGGINS SUPPLY AND CONSTRUCTION, INC.



Principal Place of Business
**12381 WHITE OSPREY DRIVE
LILLIAN AL 36549
US**

Mailing Address
**P O BOX 537
LILLIAN AL 36549
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
33553 Rosalia

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lillian AL

City & State

4. FEI Number **59-1353548**

Applied For
Not Applicable

Zip **36649** Country **US**

Zip Country

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

6. Name and Address of Current Registered Agent

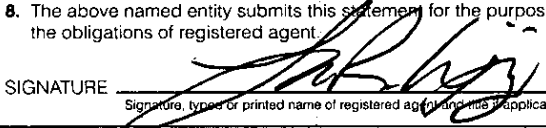
7. Name and Address of New Registered Agent

**WIGGINS, RAYFORD
152 CONTRI LANE
CANTONMENT FL 32533**

Name **WIGGINS, LAMAR**
Street Address (P.O. Box Number is Not Acceptable)
152 CONTRI LANE

City **CANTONMENT FL** Zip Code **32533**

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 
Signature, typed or printed name of registered agent (if not applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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	P WIGGINS, RAYFORD 106 COUNTRY LN CANTONMENT, FL 00000 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WIGGINS, LAMAR 106 COUNTRY LN CANTONMENT, FL 00000 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WIGGINS, ELLIE V 106 COUNTRY LN CANTONMENT, FL 00000 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WIGGINS, RICKY S 106 COUNTRY LN CANTONMENT, FL 00000 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGGINS, RAYFORD 152 CONTRI LANE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WIGGINS, LAMAR 152 CONTRI LANE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WIGGINS, ELLIE V. 152 CONTRI LANE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WIGGINS, RICKYS. 152 CONTRI LANE CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-24-03

Date

Daytime Phone #

CR2E034 (10/02)