

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90128 041 \*\*\*158.75

**DOCUMENT # 391150**

1. Entity Name  
**WIRECO, INC.**



Principal Place of Business  
**238 SPIRIT LAKE RD. W.  
WINTER HAVEN FL 33880-1169  
US**

Mailing Address  
**238 SPIRIT LAKE RD. W.  
WINTER HAVEN FL 33880-1169  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1369829**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NICHOLSON, JOHN T.  
100 EL CAMINO DR. #209  
WINTER HAVEN FL 33884**

Name **Michael A. Bissett**

Street Address (P.O. Box Number is Not Acceptable)  
**891 Oriole Dr. SE**

City **Winter Haven**

FL

Zip Code **33884**

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 *Michael A. Bissett* **Michael A. Bissett**

**4-1-03**

Signature, typed or printed name of registered agent and title if applicable

(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 **P**  Delete  
NAME **NICHOLSON, JOHN T**  
STREET ADDRESS **100 EL CAMINO DR. #209**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TS**  Delete  
NAME **BISSETT, MICHAEL A**  
STREET ADDRESS **891 ORIOLE DR SE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **BISSETT, RENEE A**  
STREET ADDRESS **891 ORIOLE DR SE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **P**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Change  Addition  
NAME **Fields, Douglas P.**  
STREET ADDRESS **248 24th CT SW**  
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael A. Bissett* **Michael A. Bissett**

**4/1/03**

**863-293-3565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)