

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90071 037 ***158.75

DOCUMENT # 452268

1. Entity Name
WILCO CONSTRUCTION CO. OF FLORIDA



Principal Place of Business
1313 S.W. 32 STREET
FORT LAUDERDALE FL 33315

Mailing Address
1313 S.W. 32 STREET
FORT LAUDERDALE FL 33315

2. Principal Place of Business
13731 NW 18 ST.
Suite, Apt. #, etc.

3. Mailing Address
13731 NW 18 ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES
Zip
33028
Country
BROWARD

City & State
PEMBROKE PINES
Zip
33028
Country
BROWARD

4. FEI Number **59-1546845**
☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLESH, DAVID W
1313 SW 32 ST
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent
Name **PAUL W. FLESH**
Street Address (P.O. Box Number is Not Acceptable)
13731 NW 18 ST.
City **PEMBROKE PINES** **FL** **Zip Code** **33028**

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 *Paul W. Flesh*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLESH, DAVID W	
STREET ADDRESS	1313 SW 32ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FLESH, MARTINA	
STREET ADDRESS	1313 SW 32ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLESH, PAUL W.	
STREET ADDRESS	13731 NW 18 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT, V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL W. FLESH	
STREET ADDRESS	13731 NW 18 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
TITLE	VANESSA C. FLESH ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13731 NW 18 ST.	
STREET ADDRESS	PEMBROKE PINES, FL. 33028	
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		

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 listed empowered.

SIGNATURE: *Paul W. Flesh* **4/21/03** **954-448-1773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)