

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

288895
AV

DOCUMENT # 654335

Entity Name
WILKERSON'S, INC.



FILED
04 MAY 28 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 SW 4TH STREET
MULBERRY FL 33860

Mailing Address
100 SW 4TH STREET
MULBERRY FL 33860



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **Country**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1963207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILKERSON, BLANDINA D.
100 SW 4TH STREET
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee Will Be \$850.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

600037669326
06/04/04--01055--004 **150.00

Handwritten signature/initials

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: _____

CR2E034 (10/02)

863-425-1732
5/24/04