

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000012

1. Entity Name

WILCO PARTNERS, LTD.

Principal Place of Business

C/O JERRY WILLIAMS
401 EAST JACKSON STREET, SUITE 2900
TAMPA FL 33602

Mailing Address

C/O JERRY WILLIAMS
401 EAST JACKSON STREET, SUITE 2900
TAMPA FL 33602-5231

2. Principal Place of Business

4944 SAN RAFAEL
Suite, Apt. #, etc.

3. Mailing Address

4944 SAN RAFAEL
Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33629

Country

USA

City & State

TAMPA, FLORIDA

Zip

33629

Country

USA

6. Name and Address of Current Registered Agent

WILLIAMS, JERRY L
C/O JERRY WILLIAMS
401 EAST JACKSON STREET, SUITE 2900
TAMPA FL 33602

Name

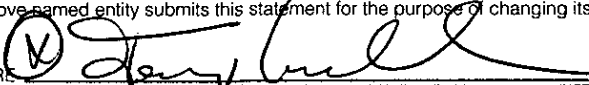
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

9. Capital Contributions
as Shown on record.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same as Block 9
3000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000059863
NAME JWMS & CO., INC.
STREET ADDRESS 401 EAST JACKSON STREET, SUITE 2900
CITY - ST - ZIP TAMPA FL 33602

13. ADDRESS CHANGES ONLY

STREET ADDRESS C/O Jerry Williams
CITY - ST - ZIP 4944 SAN RAFAEL
TAMPA, FLORIDA 33629

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS 800003287178--4
CITY - ST - ZIP -06/13/00--01066--003
****141.25 ****141.25

DOCUMENT #
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(813)
2/23/00 286-0770

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3289965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

CP2EC03 (9/99)