

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003213

1. Entity Name

WIL MAR INDUSTRIES OF MISSOURI, INC.

Principal Place of Business

9 ANDOVER DRIVE
PALM COAST FL 32137

Mailing Address

9 ANDOVER DRIVE
PALM COAST FL 32137

2. Principal Place of Business

81 SOLEE ROAD

Suite, Apt. #, etc.

3. Mailing Address

81 SOLEE ROAD

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

32137

Country

U.S.

Zip

32137

Country

U.S.

4. FEI Number

43-1303949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMISON, WILLIAM
9 ANDOVER DRIVE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

JAMISON, WILLIAM

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

81 SOLEE ROAD

City

PALM COAST

FL

Zip Code

32137

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCTD	<input type="checkbox"/> Delete
NAME	JAMISON, WILLIAM	
STREET ADDRESS	9 ANDOVER DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JAMISON, MARY	
STREET ADDRESS	9 ANDOVER DRIVE	
CITY-ST-ZIP	PALM COAST FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	81 SOLEE ROAD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	81 SOLEE ROAD	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Jamison WILLIAM JAMISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-01

Date

904 447 6735

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90204 002 ***150.00

U0010849



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)