

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90003 041 ***150.00

DOCUMENT # F06207

1. Entity Name
WILMOTH, INC.

Principal Place of Business
2323 CURLEW RD 7A
PALM HARBOR FL 34683-1314
US

Mailing Address
2323 CURLEW RD 7A
PALM HARBOR FL 34683-1314
US

2. Principal Place of Business
4401 Worthington Cir.
 Suite, Apt. #, etc.

3. Mailing Address
4401 Worthington Cir.
 Suite, Apt. #, etc.

City & State
Palm Harbor, FL
 Zip
34685
 Country
USA

City & State
Palm Harbor, FL
 Zip
34685
 Country
USA

4. FEI Number
59-2041723

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILMOTH, PATRICIA B
2323 CURLEW RD 7A
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name
Wilmoth, Patricia B.
 Street Address (P.O. Box Number is Not Acceptable)
4401 Worthington Circle
 City **Palm Harbor** **FL** Zip Code **34685**

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 _____ (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, 2002 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 **PSD** ☐ Delete
 NAME **WILMOTH, PATRICIA B**
 STREET ADDRESS **2323 CURLEW RD7A**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **Wilmoth, Patricia B.**
 STREET ADDRESS **4401 Worthington Cir. Palm Harbor, FL 34685**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **PATRICIA B. WILMOTH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 **727-787-4102**
 Date Daytime Phone #

CR2E034 (9/01)