FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **F45960** 1. Entity Name J. WILCOXEN, INC. 04-10-2001 90034 047 \*\*\*150.00 Principal Place of Business Mailing Address RT 1 WALSTON RD RT 1 WALSTON RD P O BOX 1800 P O BOX 1800 ARCADIA FL 33821 ARCADIA FL 33821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2133756 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired - - - - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEEKIN, JOHN CHARLES Street Address (P.O. Box Number is Not Acceptable) 21202 OLEAN BLVD., STE C-2 PT CHARLOTTE FL 33952 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Delete ☐ Addition WILCOXEN, JOHN E NAME NAME HWY 70 EAST, JACKS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01 (863)494-3826

Date Dayline Phone #