## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700005448  1. Entity Name WILMAC CONTRACTING, INC.						Secretary of State 01-15-2002 90107 023 ***150.00				
Principal Place 135 CLERMO PO BOX 844 BARDSTOWN		Mailing Address 135 CLERMONT DRIVE PO BOX 844 BARDSTOWN KY 40004								
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4.	FEI Number 61-1042117			olied For Applicable	
Zip Country		Zip	·Zip · Country		5.	Certificate of Status Desired	□ \$8.75	Addi	itional	
	6. Name and Address of Current R	egistered Agent	<u> </u>		7.	Name and Address of New Re		<del>'</del>		
		<del> </del>		Name						
SHACKLETTE, WANDA 65 JOHN ANDERSON DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
ORMOND	BEACH FL 32174	City					FL Zip	Code		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 2002  Make Check Payable			02 Fee	will be \$550.		Election Campaign Final     Trust Fund Contribution.		5.00 dded	May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ΑE	ODITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WILSON, EARL 1125 BORDERS LANE BARDSTOWN KY 40004	☐ Delete					☐ Cha	nge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCINTYRE, TOM 135 CLERMONT DRIVE BARDSTOWN KY 40004	☐ Delete					☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .			☐ Cha	nge	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that n rered to execute this report	ny signat as requir	ure shall have	the same	legal effect as if made under oa	th; that I am an of	ficer o	or director	

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 502-348-1228
Daytime Phone #