

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90135 049 ***150.00

004373 AV

DOCUMENT # H00220

1. Entity Name

W.E. WILCOX CONSTRUCTION COMPANY, INC.



Principal Place of Business

~~515 JOHN KNOX RD~~
TALLAHASSEE FL 32303
US

Mailing Address

~~515 JOHN KNOX ROAD~~
TALLAHASSEE FL 32303
US

2. Principal Place of Business

267 John Knox Rd

3. Mailing Address

267 John Knox Rd

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

Suite 100

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

US

Zip

32303

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2411180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, W. EUGENE
7728 EVENING STAR LANE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Wilcox, W. Eugene

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

267 John Knox Rd Suite 100

City

Tallahassee

FL

Zip Code

32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILCOX, W. EUGENE
STREET ADDRESS 6157 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ST
NAME WILCOX, SHARON
STREET ADDRESS 6157 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)