

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45160

1. Entity Name
WILHELM ASSOCIATES, INC.

Principal Place of Business
111 EAST LAKEVIEW STREET
P.O. BOX 390
UMATILLA FL 32784

Mailing Address
111 EAST LAKEVIEW STREET
P.O. BOX 390
UMATILLA FL 32784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2744245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILHELM, RICHARD D
111 EAST LAKEVIEW STREET
UMATILLA FL 32784

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILHELM, EDWARD
STREET ADDRESS 111 EAST LAKEVIEW STREET
CITY-ST-ZIP UMATILLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME WILHELM, RICHARD D.
STREET ADDRESS 111 EAST LAKEVIEW STREET
CITY-ST-ZIP UMATILLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME WILHELM, WILLIAM C.
STREET ADDRESS 355 WAGON WHEEL TRAIL
CITY-ST-ZIP THOMASVILLE GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME ZEBRO, SHARON
STREET ADDRESS 940 LARCHMONT CRESCENT
CITY-ST-ZIP NORFOLK VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: R. D. Wilhelm R. D. WILHELM TREAS. 1-3-02 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 669 2202

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90001 050 ***150.00

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DO NOT WRITE IN THIS SPACE

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