

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90004 037 ***150.00

DOCUMENT # K22736

1. Entity Name

WILKES MECHANICAL CONTRACTORS, INC.

Principal Place of Business

5441 SKYLARK CT.
JACKSONVILLE FL 32257
US

Mailing Address

5441 SKYLARK CT.
JACKSONVILLE FL 32257
US

2. Principal Place of Business

11637 Columbia Park Drive East

3. Mailing Address

P.O. Box 24024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #4

City & State
Jacksonville Fla

City & State
Jax Fla

Zip
32258

Country

Zip
32241-4024

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2886051

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

WILKES, BRYAN A.

3718 JAMESTOWN LANE
JACKSONVILLE FL 32229

5441 Skylark Ct
32257

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

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

(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, 2001 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 ☐ Delete
NAME WILKES, BRYAN A.
STREET ADDRESS 5441 SKYLARK CT
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE S ☐ Delete
NAME WILKES, TERESA M.
STREET ADDRESS 5441 SKYLARK CT.
CITY-ST-ZIP JAX FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa M. Wilkes 4-18-01 904 208 6045

CR2E034 (10/00)