

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #. K79451

1. Entity Name

WILFORD'S SERVICE CENTER, INC.

Principal Place of Business

11441 SAN JOSE BLVD
JACKSONVILLE FL 32223

Mailing Address

11441 SAN JOSE BLVD
JACKSONVILLE FL 32223

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

59-2960303

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

BICHLER, BRUCE
11441 SAN JOSE BLVD.
JACKSONVILLE FL 32223

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BICHLER, BRUCE
11441 SAN JOSE BLVD
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003438125--6
-10/24/00--01095--026
****400.00 ****400.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BICHLER, SHARRI W
11441 SAN JOSE BLVD
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003438125--6
-10/24/00--01095--027
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

BRUCE R. BICHLER 904-268-5711

Date

Daytime Phone #

SP

000003438125--6

-10/24/00--01095--026

****400.00 ****400.00

000003438125--6

-10/24/00--01095--027

****150.00 ****150.00

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8/24/00

DEAR SIR;

DUE TO A MISUNDERSTANDING BETWEEN ME AND MY TAX ACCOUNTANT MY 2000 CORP. UNIFORM BUSINESS REPORT WAS NOT FILED, NOT UNTIL MY SECOND NOTICE DID I REALISE THE REPORT HAD NOT BEEN FILED.

PLEASE ACCEPT MY \$150.00 FILING FEE.

THANK YOU

Bruce Bickler

BRUCE BICKLER

WILFORDS TAX SERVICE INC.

11441 SANTOSE BLVD.

JAX, FL 32223

904 2685711