

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90147 027 \*\*\*150.00

DOCUMENT # **K96267**

1. Entity Name  
**WILTRAV, INC.**



Principal Place of Business  
**2401 PGA BLVD. STE. 166  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address  
**2401 PGA BLVD. STE. 166  
PALM BEACH GARDENS FL 33410  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0131551**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILD, MICHAEL  
27 CAYMAN PLACE  
PALM BEACH GARDENS FL 33418**

Name

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

**7662 NW 127th Manor**

City **Parkland**

FL

Zip Code **33076**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
NAME **WILD, MICHAEL J**  
STREET ADDRESS **27 CAYMAN PLACE**  
CITY-ST-ZIP **PALM BEACH GRDNS FL 33418**

TITLE **President**  Change  Addition  
NAME **Wild, Michael J**  
STREET ADDRESS **7662 NW 127th Manor**  
CITY-ST-ZIP **Parkland, FL 33076**

TITLE **VP**  Delete  
NAME **WILD, ELLEN R**  
STREET ADDRESS **27 CAYMAN PLACE**  
CITY-ST-ZIP **PALM BEACH GRDNS FL 33418**

TITLE **Vice President**  Change  Addition  
NAME **Wild, Ellen R.**  
STREET ADDRESS **7662 NW 127th Manor**  
CITY-ST-ZIP **Parkland, FL 33076**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael J. Wild* **QUINN MICHAEL J. WILD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/03** Daytime Phone # **954-755-8652**

CR2E034 (10/02)