

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90292 035 \*\*\*150.00

**DOCUMENT # K97171**

1. Entity Name

Wilbro Joint Ventures, Inc  
1400 Garvey Rd. S.W.  
Palm Bay, Fla. 32908

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1400 Garvey Rd. S.W.  
Suite, Apt. #, etc.

3. Mailing Address

1400 Garvey Rd. S.W.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, Fla.

City & State

Palm Bay, Fla.

4. FEI Number

59-2957243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Paul Williams

Street Address (P.O. Box Number is Not Acceptable)  
1400 Garvey Rd. S.W.

City

Palm Bay

FL

Zip Code 32908

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE Pres.  
NAME Williams, Paul D.  
STREET ADDRESS 1400 Garvey Rd., S.W.  
CITY-ST-ZIP Palm Bay, Fla. 32908

TITLE VP  
NAME Williams, Daniel L.  
STREET ADDRESS 1400 Garvey Rd., S.W.  
CITY-ST-ZIP Palm Bay, Fla. 32908

TITLE S/O  
NAME Williams, Elizabeth C.  
STREET ADDRESS 1400 Garvey Rd., S.W.  
CITY-ST-ZIP Palm Bay, Fla. 32908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

723-7092

Daytime Phone #

CR2E034B (12/01)