

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008601

1. Entity Name
WILCO INTERNATIONAL, LLC

FILED

01 JAN 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4200 COMMUNITY DRIVE. #1215
WEST PALM BEACH FL 33409

Mailing Address
4200 COMMUNITY DRIVE. #1215
WEST PALM BEACH FL 33409

2. Principal Place of Business
12189 US Hwy #1
Suite, Apt. #, etc.
Suite 49

3. Mailing Address
12189 US Hwy #1-Suite 49
Suite, Apt. #, etc.
Suite 49

City & State
North Palm Beach FL

City & State
North Palm Beach FL

Zip
33408

Country
Palm Beach

Zip
33408

Country
Palm Beach

4. FEI Number
65-1025746

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
John White II

Street Address (P.O. Box Number is Not Acceptable)
1645 Palm Beach Lakes Blvd - Suite 1200

City
West Pslm Beach FL Zip Code
33401

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 Grant R Wilson - President

Jan 15/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Grant R Wilson
12189 US Hwy #1 - Suite 49
North Palm Beach FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice/President
Jeffrey G Wilson
4118 Central Sarasota Pkwy
Sarasota, FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Grant R Wilson
(noted above)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Jeffrey G Wilson
(noted above)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003572591--9
-01/24/01--01021--023
*****55.00 *****55.00

TITLE
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE Grant R Wilson

1/15/2001 (561)352-4648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0013823

CR2E083 (11/00)