

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90045 030 ****50.00

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DOCUMENT # L00000008601

1. Entity Name

WILCO INTERNATIONAL, LLC



Principal Place of Business

12189 US HWY #1
SUITE 49
NORTH PALM BEACH FL 33408

Mailing Address

12189 US HWY #1
SUITE 49
NORTH PALM BEACH FL 33408

10103141



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5290 Hyland Hills Ave

3. Mailing Address

5290 Hyland Hills Ave

Suite, Apt. #, etc.

Unit 1912

Suite, Apt. #, etc.

Unit 1912

City & State

Sarasota FL 34241

City & State

Sarasota FL 34241

Zip

34241

Country

Sarasota

Zip

34241

Country

Sarasota

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

Grant R Wilson

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

5290 Hyland hills Ave - Unit 1912

City

SARASOTA

FL

Zip Code

34241

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

G.R. Wilson

4-14/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **WILSON, GRANT R**
STREET ADDRESS **12189 US HWY #1 SUITE 49**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VPS** ☐ Delete
NAME **WILSON, JEFFREY G**
STREET ADDRESS **5168 NORTHRIDGE RD., #204**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Pres** ☐ Change ☐ Addition
NAME **Grant r Wilson**
STREET ADDRESS **5290 Hyland Hills Ave unit 1912**
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **v/Pres** ☐ Change ☐ Addition
NAME **Jeffrey G Wilson**
STREET ADDRESS **5290 Hyland hills Ave - Unit 1912**
CITY-ST-ZIP **Sarasota, FL 34241**

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

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

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

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

11. 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 REQUIRED

G.R. Wilson

4-14-03

(561) 352-4648

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

Date

Daytime Phone #

CR2E083 (10/02)