

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000018880

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: WILKINSON ENTERPRISES, LLC

**Current Principal Place of Business:**

9440 PHILIPS HIGHWAY  
#1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9440 PHILIPS HIGHWAY  
#1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 02-0666444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLANKENSHIP, KIMBERLY A  
2716 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WILKINSON, FREDERICK M  
Address: 9440 PHILIPS HIGHWAY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete  
Name: WILKINSON, DEBORAH R  
Address: 9440 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WILKINSON, DEBORAH R  
Address: 9440 PHILIPS HIGHWAY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBORAH R WILKINSON

MGR

04/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date