FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

05-02-2002 90047 030 ****61.25
L57230
FILED
02 MAY -8 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
044461

DOCUMENT # L 57230

1. Entity Name
Wyman Stokes Builder, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19059 S. Tamiami TR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft myers, FL	City & State
Zip: 33908 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0179454 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: B. W. Stokes

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

19059 S. Tamiami TR

City: Ft myers FL Zip Code: 33908

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pd Stokes, B Wyman 19059 S. Tamiami TR Ft myers, FL 33908	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Sec Stokes, Patricia L 19059 S. Tamiami TR Ft myers, FL 33908	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Stokes, Brent 19059 S. Tamiami TR Ft myers, FL 33908	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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: X _____ 4-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #