2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80020 May 03, 2000 8:00 am Secretary of State WILDERSON INVESTMENT CO., INC. 05-03-2000 90114 041 ***150.00 Principal Place of Business Mailing Address % PAUL W. WILDERSON, JR. % PAUL W. WILDERSON, JR. 355 E. GULF DR. 355 E. GULF DR. SANIBEL FL 33957 SANIBEL FL 33957-7214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-7680260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILDERSON, PAUL W., JR. Street Address (P.O. Box Number is Not Acceptable) 355 E. GULF DR. SANIBEL FL 33957 Zip Code hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subv (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Delete TITLE WILDERSON, PAUL W., JR. NAME NAME STREET ADDRESS 355 E. GULF DR STREET ADDRESS SANIBEL FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE WILDERSON, HELEN M. NAME STREET ADDRESS 355 E. GULF DR STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-472-0779