

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L82943**1. Entity Name  
**WILKINS BROTHERS INC.**

Principal Place of Business 505 BEACHLAND BLVD 4A VERO BEACH 32963 US	Mailing Address POST OFFICE BOX 6726 VERO BEACH 32961 FL
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2. Principal Place of Business	3. Mailing Address 505 BEACHLAND BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 4A
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City & State	City & State VERO BEACH FL
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Zip	Country	Zip	Country
32963		32963	

4. FEI Number <b>59-3009189</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WILKINS THAD D**  
505 BEACHLAND BLVD  
SUITE 4A  
VERO BCH  
32963  
US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **THAD WILKINS****08/16/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	VP	<input type="checkbox"/> Delete
NAME	ROSE MISTY	
STREET ADDRESS	505 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILKINS FRED	
STREET ADDRESS	505 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKINS THAD	
STREET ADDRESS	505 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thad Wilkins**

PD

08/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)