

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 20 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008429

1. Entity Name

WILDES BUILDERS, LLC

Principal Place of Business

4182 NE CHERI DRIVE  
JENSEN BEACH FL 34957

Mailing Address

4182 NE CHERI DRIVE  
JENSEN BEACH FL 34957

2. Principal Place of Business

4182 NE Cheri DR.  
Suite, Apt. #, etc.

3. Mailing Address

4182 NE Cheri DR.  
Suite, Apt. #, etc.

City & State

Jensen Bch FLA.  
Zip 34957 Country USA

City & State

Jensen Bch FLA.  
Zip 34957 Country USA

4. FEI Number

011-52-0668

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILDES, JEFFREY  
4182 NE CHERI DRIVE  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name Jeffrey Wildes  
Street Address (P.O. Box Number is Not Acceptable)  
4182 NE Cheri DR.  
Jensen Bch  
City FL Zip Code 34957

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

Jeffrey M. Wildes President Jeffrey M. Wildes President 7/18/00  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WILDES, JEFFREY M  
STREET ADDRESS 4182 NE CHERI DRIVE  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200003337212  
-07/26/00--01098--004  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

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

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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Jeffrey M. Wildes

Date

7/18/00

Daytime Phone #

(561)260-8630

CP2E083 (5/00)