## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 18, 2002 8:00 am DOCUMENT # L9900008429 **Secretary of State** 02-18-2002 90170 037 \*\*\*\*50 00 WILDES BUILDERS, LLC Principal Place of Business Mailing Address 4182 NE CHERI DRIVE 4182 NE CHERI DRIVE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 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 01-1520668 Not Applicable Zip Country Country \$5.00 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 WILDES, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4182 NE CHERI DRIVE JENSEN BEACH FL 34957 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Addition CR2E083 (9/01 TITLE TITLE ☐ Delete WILDES, JEFFREY M NAME NAME STREET ADDRESS STREET ADDRESS 4182 NE CHERI DRIVE CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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 of the regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(540) 334-0607