

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M95854**1. Entity Name
WILKS CONSTRUCTION COMPANY, INC.Principal Place of Business
**1337 DINSMORE CT.
NEW PORT RICHEY FL 34655**
Mailing Address
**1337 DINSMORE CT.
NEW PORT RICHEY FL 34655**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**WILKS, WILLIAM
1337 DINSMORE CT.
NEW PORT RICHEY FL 34655**

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

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILKS, WILLIAM
1337 DINSMORE CT.
NEW PORT RICHEY FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
WILKS, WILLIAM
1337 DINSMORE CT.
NEW PORT RICHEY FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE - PRESIDENT
BRUCE R. DARLING
1337 DINSMORE CT.
NEW PORT RICHEY, FL 34655** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

William Wilks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/02

Date

727-376-6964

Daytime Phone #

**FILED
Jan 14, 2002 8:00 am
Secretary of State**

01-14-2002 90065 027 ***150.00

902724

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2909528

Applied For

Not Applicable

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

064181 AV

(10/034) CR2E034