2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027823

1. Entity Name
WILKEN III ENTERPRISES, INC.

Principal Place of Business	Mailing Address
174 MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	174 MITCHELL HAMMOCK ROAD OVIEDO, FL 32765

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3708484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKEN, SUSAN 174 MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	Name: HENRY WILKEN III Street Address (P.O. Box Number Is Not Acceptable): 174 MITCHELL Hammock RD City: OVIEDO FL Zip Code: 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Henry J Wilken III 5/15/03
(Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when attesting) DATE

FILE NOW!!! FEE IS $150.00!
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKEN, SUSAN 174 MITCHELL HAMMOCK ROAD OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200020897442 06/16/03--01082--004 **61.25	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILKEN, JENNIFER 174 MITCHELL HAMMOCK RD OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENRY WILKEN III 174 MITCHELL HAMMOCK RD OVIEDO, FL 32765	☐ Change ☒ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Henry J Wilken III 5/15/03 407 366 9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/17