

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

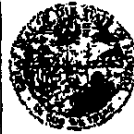
FILED

03 JUN 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027823

1. Entity Name
WILKEN III ENTERPRISES, INC.



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

Mailing Address
174 MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

WILKEN, SUSAN
174 MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

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

Henry J. Wilken III

5/15/03

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW! FEE IS \$100.00

After Day 1, 2003 Fee Will Be \$650.00

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

TITLE ☐ Delete
NAME WILKEN, SUSAN
STREET ADDRESS 174 MITCHELL HAMMOCK ROAD
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete
NAME WILKEN, JENNIFER
STREET ADDRESS 174 MITCHELL HAMMOCK RD
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200020897442
CITY-ST-ZIP 06/16/03--01082--004 **\$1.25

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

TITLE ☐ Change ☒ Addition
NAME HENRY WILKEN III
STREET ADDRESS 174 MITCHELL HAMMOCK RD
CITY-ST-ZIP OVIEDO, FL 32765

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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:

Henry J. Wilken III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

407 366 9717

Day

Daytime Phone #

CR2E034 (10/02)

7/6/17