

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90015 036 ***150.00

DOCUMENT # P01000032469

1. Entity Name
WILAM, INC.

Principal Place of Business
707 DEL WEBB BLVD WEST
SUN CITY CENTER FL 33573

Mailing Address
707 DEL WEBB BLVD WEST
SUN CITY CENTER FL 33573

2. Principal Place of Business
737 - 1st Street SW
 Suite, Apt. #, etc.

3. Mailing Address
737 - 1st Street SW
 Suite, Apt. #, etc.

City & State
Ruskin, FL

City & State
Ruskin, FL

4. FEI Number
59-3709013

Applied For
 Not Applicable

Zip Country
33570 USA

Zip Country
33570 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BLVD WEST
SUN CITY CENTER FL 33573

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 *David B. Wiles* **David B. Wiles, Sr., President** 2/14/02
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 D	<input checked="" type="checkbox"/> Delete
NAME PYLE, TERRENCE F	
STREET ADDRESS 707 DEL WEBB BLVD WEST	
CITY-ST-ZIP SUN CITY CENTER FL 33573	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILES, DAVID B.	
STREET ADDRESS 737 - 1st Street SW	
CITY-ST-ZIP Ruskin, FL 33570	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILES, KATHLEEN E.	
STREET ADDRESS 737 - 1st Street SW	
CITY-ST-ZIP Ruskin, FL 33570	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILES, DAVID B. JR.	
STREET ADDRESS 737 - 1st Street SW	
CITY-ST-ZIP Ruskin, FL 33570	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *David B. Wiles* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 (813) 645-4661
Date Daytime Phone #

CR2E034 (9/01)