

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90185 019 ***163.75

DOCUMENT # P01000037585

1. Entity Name
WILMOR LIABILITY INVESTIGATORS, INC.



Principal Place of Business
**62 INDIAN TRACE #290
WESTON FL 33326**

Mailing Address
**62 INDIAN TRACE #290
WESTON FL 33326**

2. Principal Place of Business
**61X E. Highway 50
Suite, Apt. #, etc.
321**

3. Mailing Address
**61X E. Highway 50
Suite, Apt. #, etc.
321**

City & State
Clermont, Florida

City & State
Clermont, Florida

Zip
34711-5160

Country
USA

Zip
34711-5160

Country
USA

4. FEI Number
65-1091576

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORALES, WILSON J. ATC
1516 VERACRUZ LANE
WESTON FL 33327-1735**

7. Name and Address of New Registered Agent

Name **MORALES, Wilson J.**
Street Address (P.O. Box Number is Not Acceptable)
1375 BRIARHAVEN LANE
City **Clermont** FL Zip Code **34711-5160**

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 **Wilson J. Morales - Wilson J. Morales, President** DATE **1/20/03**
(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORALES, WILSON J 1516 VERACRUZ LANE WESTON FL 33327-1735	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORALES, WILSON J. 1375 BRIARHAVEN LANE Clermont, Florida 34711-5160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Wilson J. Morales - Wilson J. Morales, President** 1/20/03 (352) 242-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #