

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90037 015 \*\*\*150.00

0363027 AV

DOCUMENT # P01000072634

1. Entity Name  
**J & M WILDASIN CORPORATION**

## Principal Place of Business

1791 BARN STABLE ROAD  
 WELLINGTON FL 33414

## Mailing Address

1791 BARN STABLE ROAD  
 WELLINGTON FL 33414

## 2. Principal Place of Business

3065 S. Federal Hwy  
 Suite, Apt. #, etc.

## 3. Mailing Address

9873 Lawrence Rd #B102  
 Suite, Apt. #, etc.

## City &amp; State

Boynton Beach FL

## City &amp; State

Boynton Beach FL

## Zip

33435

## Country

USA

## Zip

33436

## Country

USA



DO NOT WRITE IN THIS SPACE

## 4. FEI Number

651124257

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ  
 1152 NORTH UNIVERSITY DRIVE  
 PEMBROKE PINES FL 33024

## 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 **D** ☐ Delete  
 NAME **WILDASIN, JOEY L**  
 STREET ADDRESS **1791 BARN STABLE ROAD**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete  
 NAME **WILDASIN, MANDY J**  
 STREET ADDRESS **1791 BARN STABLE ROAD**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*M. Wildasin* Mandy Wildasin

2-28-02

561-364-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)