

FILED
Sep 17, 2003 8:00 am
Secretary of State

08-18-2003 90160 001 ***150.00

55056699

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000014889

1. Entity Name
WILLNAN, INC.



Principal Place of Business
18790 OLD BAYSHORE RD.
N. FT. MYERS FL 33917

Mailing Address
18790 OLD BAYSHORE RD.
N. FT. MYERS FL 33917

2. Principal Place of Business

2865 SE Highway 31
Suite, Apt. #, etc.

3. Mailing Address

2865 SE Highway 31
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Arcadia FL
Zip
34266-7976
Country
USA

City & State
Arcadia FL
Zip
34266-7976
Country
USA

4. FEI Number

88-0034159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISHKIN, WILLIAM B
18790 OLD BAYSHORE RD.
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent
Name
Loom Accounting & Day Service
Street Address (P.O. Box Number is Not Acceptable)

12659 New Brittany Blvd
City
Fort Myers FL 33907

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

Heley W Loom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	D	<input type="checkbox"/> Delete
NAME	GRISHKIN, WILLIAM B	
STREET ADDRESS	18790 OLD BAYSHORE RD.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISHKIN, NANETTE	
STREET ADDRESS	18790 OLD BAYSHORE RD.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grishkin, William B	
STREET ADDRESS	2865 SE Highway 31	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grishkin, Nanette	
STREET ADDRESS	2865 SE Highway 31	
CITY-ST-ZIP	Arcadia, FL 34266	
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		

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:

William B Grishkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 155056699

P02000014889

SOOM ACCOUNTING AND TAX SERVICE
12659 NEW BRITTANY BLVD
FORT MYERS, FL 33907
TEL: (239) 277-9382
FAX: (239) 277-0782
"SPECIALIZING IN SMALL BUSINESS NEEDS"

PETER W. SOOM

CAROL L. DORAN

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302

August 14, 2003

RE: WILLNAN, INC.
P02000014889
80-0034159

PLEASE ACCEPT THIS LETTER ALONG WITH THE ATTACHED
UNIFORM BUSINESS REPORT FOR THE YEAR 2003. WE DID NOT RECEIVE
THE UNIFORM BUSINESS REPORT DUE TO THE RELOCATION OF THE
BUSINESS. THE ADDRESS CHANGE HAS BEEN MADE ON THE FORM. THIS
IS OUR FIRST YEAR IN FILING THIS FORM. WE INCORPORATED IN 2002.
WE ARE ASKING THAT YOU ABATE THE REINSTATEMENT FEE AND ACCEPT
THIS FILING OF THE UNIFORM BUSINESS REPORT FOR 2003 ALONG WITH
THE ENCLOSED CHECK.

WE ARE VERY MUCH HOPING FOR YOUR COOPERATION IN THIS
MATTER. IF I CAN BE OF FURTHER ASSISTANCE PLEASE CONTACT ME.

SINCERELY YOURS,



PETER W. SOOM