

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90165 042 \*\*\*150.00

**DOCUMENT # P02000038931**

**1. Entity Name**  
**WILLGROVE USA, INC.**



**Principal Place of Business**  
**930 S HARBOR CITY BLVD SUITE 505**  
**MELBOURNE FL 32901**

**Mailing Address**  
**930 S HARBOR CITY BLVD SUITE 505**  
**MELBOURNE FL 32901**

**2. Principal Place of Business**  
**568 LEE AVENUE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**568 LEE AVENUE**  
Suite, Apt. #, etc.

**City & State**  
**SATELLITE BEACH FL**  
**Zip** **32937** **Country** **USA**

**City & State**  
**SATELLITE BEACH FL**  
**Zip** **32937** **Country** **USA**

**4. FEI Number** **02-0580439** **Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FRESE, GARY B**  
**930 S HARBOR CITY BLVD SUITE 505**  
**MELBOURNE FL 32901**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WILLIS, KEVIN J</b>	
<b>STREET ADDRESS</b>	<b>930 S HARBOR CITY BLVD SUITE 505</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32901</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WILLIS, ANN G</b>	
<b>STREET ADDRESS</b>	<b>930 S HARBOR CITY BLVD SUITE 505</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32901</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WILLIS KEVIN J</b>	
<b>STREET ADDRESS</b>	<b>568 LEE AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH, FL 32937</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WILLIS, ANN G</b>	
<b>STREET ADDRESS</b>	<b>568 LEE AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL 32937</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**APRIL 15 2003** **321 773 5770**  
**Date** **Daytime Phone #**

CR2E034 (10/02)