

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90437 028 ***550.00

DOCUMENT # P36634

1. Entity Name

WILKINSON MANUFACTURING COMPANY

Principal Place of Business

**12TH & MADISON ST
 FT. CALHOUN NE 68023
 US**

Mailing Address

**PO BOX 490
 FT. CALHOUN NE 68023-0490
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0366161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☐ Delete
 NAME **ARKOOSH, OLIVE V.**
 STREET ADDRESS **21002 134TH WAY**
 CITY-ST-ZIP **SUN CITY AZ 85373**

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

TITLE **D** ☐ Delete
 NAME **CARUSO, SUZANNE**
 STREET ADDRESS **9629 HARNEY PARKWAY SOUTH**
 CITY-ST-ZIP **OMAHA NE 68114**

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

TITLE **TD** ☐ Delete
 NAME **ARKOOSH, VALERIE D**
 STREET ADDRESS **530 SPRING LANE**
 CITY-ST-ZIP **WYNDMOORE PA 19038**

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

TITLE **P** ☐ Delete
 NAME **DALZIEL, ROBERT**
 STREET ADDRESS **503 WINTERBORN ROAD**
 CITY-ST-ZIP **ELKHORN NE 68022**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1212 North 164th Street**
 CITY-ST-ZIP **Omaha, NE 68113**

TITLE **D** ☐ Delete
 NAME **HARBISON, JEFFERY T**
 STREET ADDRESS **530 SPRING LANE**
 CITY-ST-ZIP **WINDMOORE PA 19038**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Dalziel, President 6/17/02

402-468-5511

Date

Daytime Phone #

CR2E034 (9/01)