## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P92000011968

I. Entity Name

## WILCY CONSTRUCTION & INVESTMENT CORPORATION

Principal Place of Business Mailing Address 1651 NE 56TH COURT 1651 NE 56TH COURT na082001 FT LAUDERDALE FL 33334-5908 FT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0381865 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATKINS, TRACY Street Address (P.O. Box Number is Not Acceptable) 1651 NE 56 CT FT LAUDERDALE FL 33334 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVCM** ☐ Change Addition Delete TITLE TITI F WATKINS, TRACY NAME NAME **1651 NE 56TH COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE WATKINS, LORI NAME NAME 1651 NE 56TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE FT LAUDERDALE FL ☐ Change Addition Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Change Addition | ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TIPE OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (954) 772-2029

**FILED** 

May 04, 2000 8:00 am Secretary of State

05-04-2000 90174 029 \*\*\*158.75

CF E034 (9/99)