

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90009 005 \*\*\*550.00

**DOCUMENT # P93000039273**

1. Entity Name

**WILBRO LAND CLEARING, INC.**

Principal Place of Business

**1200 GARVEY RD SW  
 PALM BAY FL 32908**

Mailing Address

**1200 GARVEY RD SW  
 PALM BAY FL 32908**

2. Principal Place of Business

*1200 Garvey Rd S.W.*  
 Suite, Apt. #, etc.

3. Mailing Address

*1400 Garvey Rd. S.W.*  
 Suite, Apt. #, etc.

City & State

*Palm Bay, Fla*

City & State

*Palm Bay, Fla*

Zip

*32908*

Country

*Bravard*

Zip

*32908*

Country

*Bravard*

4. FEI Number

**59-3189444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ELIZABETH C  
 1200 GARVEY RD. SW  
 PALM BAY FL 32908**

7. Name and Address of New Registered Agent

Name *Daniel Williams*

Street Address (P.O. Box Number is Not Acceptable)

*1400 Garvey Rd. S.W.*

City

*Palm Bay, Fla. FL*

Zip Code

*32908*

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

*Paul Williams*

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

(NOT)

Registered Agent's signature required when reinstating)

*May 29, 2001*

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, 2001 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 **VP** ☐ Delete  
 NAME **WILLIAMS, PAUL D**  
 STREET ADDRESS **1400 GARVEY RD SW**  
 CITY - ST - ZIP **PALM BAY FL 32908**

TITLE **V** ☐ Delete  
 NAME **WILLIAMS, DANIEL L**  
 STREET ADDRESS **1300 SW GARVEY RD SW**  
 CITY - ST - ZIP **PALM BAY FL 32908**

TITLE **STD** ☒ Delete  
 NAME **WILLIAMS, ELIZABETH C**  
 STREET ADDRESS **1200 GARVEY RD SW**  
 CITY - ST - ZIP **PALM BAY FL 32908**

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 **STD** ☒ Change ☐ Addition  
 NAME *Williams, Elizabeth C*  
 STREET ADDRESS *1400 Garvey Rd. S.W.*  
 CITY - ST - ZIP *Palm Bay, Fla. 32908*

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

TITLE ☐ Change ☐ Addition  
 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  
 indicated on this report or supplemental report is true and accurate and that I  
 of the corporation or the receiver or trustee empowered to execute this report  
 changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
 signature shall have the same legal effect as if made under oath; that I am an officer or director  
 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

*Paul Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

A DIRECTOR

*May 29, 2001 (381) 727-7092*

Date

Daytime Phone #

CR2E034 (10/00)