

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90080 022 ***150.00

DOCUMENT # P93000044505

1. Entity Name
THE WILCHRIST COMPANY



Principal Place of Business
**3946 MCGIRTS BLVD
JACKSONVILLE FL 32210
US**

Mailing Address
**P.O. BOX 12
ORTEGA STATION
JACKSONVILLE FL 32210
US**

2. Principal Place of Business

**1805 Copeland St.
Suite, Apt. #, etc.
First Floor**

3. Mailing Address

**1805 Copeland St.
Suite, Apt. #, etc.
First Floor**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

59-3189931

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARHAM, WILLIAM H JR
3946 MCGIRTS BLVD
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

William H. Parham, Jr.

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

1805 Copeland St.

City

Jacksonville

FL

Zip Code

32204

8. The above named entry 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

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

(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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PARHAM, WILLIAM H JR.
P.O. BOX 12 ORTEGA STATION
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
ROOT, RONALD C
2244 ST JOHNS AVE.
JACKSONVILLE FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (10/02)