2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P96000099523** CARLBERG AND WILKINSON, INC. 04-11-2001 90006 042 ***150.00 Mailing Address Principal Place of Business 20744 WEST PENNSYLVANIA AVENUE 20744 WEST PENNSYLVANIA AVENUE DUNNELLON FL 34431 **DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3415099 Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILKINSON, ROBBIN C Street Address (P.O. Box Number is Not Acceptable) 20744 WEST PENNSYLVANIA AVENUE **DUNNELLON FL 34431** Zip Code City 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change Adoltion ☐ Delete TITLE TITUE CALBERG, CARL NAME NAME STREET ADDRESS 9535 S.W. 202ND AVENUE STREET ADDRESS CiTY-S'-ZIP C(TY-ST-Z)P **DUNNELLON FL 34431** Change Addition TITLE ☐ Delete TITLE CALBERG, JAYNE NAME NAME 9535 S.W. 202ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DUNNELLON FL 34431** Change ☐ Addition Delete TITLE TITLE WILKINSON, DAVID R NAME NAME STREET ADDRESS STREET ADDRESS 8780 S.W. 211TH CIRCLE CITY - ST - 73P CITY-ST-ZIP **DUNNELLON FL 34431** Change ☐ Addition ☐ Delete TITLE TITLE WILKINSON, ROBBIN C MAME NAME STREET ADDRESS STREET ADDRESS 8780 S.W. 211TH CIRCLE CITY-ST-ZIE **DUNNELLON FL 34431** CITY-ST-73P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ACCRESS STREET AUDRESS 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 exemplemental 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 of trustee empowered to exemute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

G OFFICER OR DIRECTOR

changed, or on an