

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015053

1. Entity Name

WILIF HOMES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 034 ***550.00

Principal Place of Business

Mailing Address

13909 NORTH DALE MABRY #201-B
TAMPA FL 33618

13909 NORTH DALE MABRY #201-B
TAMPA FL 33618-2424

2. Principal Place of Business

13902 N. Dale Mabry

3. Mailing Address

13902 N. Dale Mabry

Suite, Apt. #, etc.

#165

Suite, Apt. #, etc.

#165

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33618

Country

U.S.A.

Zip

33618

Country

U.S.A.

4. FEI Number

59-3427687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, W B
6216 IROQUOIS COURT
ODESSA FL 33556

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

W. Blake Nelson President

9-12-00

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, 2000 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 P ☐ Delete
NAME NELSON, W. BLAKE
STREET ADDRESS 6216 IROQUOIS COURT
CITY-ST-ZIP ODESSA FL 33556

TITLE VP ☐ Delete
NAME WATSON, KEVIN
STREET ADDRESS 36741 LAUREL OAK LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

W. Blake Nelson President

9-12-00

813-969-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ext 24

CR2E034 19/99