

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050556

1. Entity Name

THE WILKERSON GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90061 005 ***150.00

Principal Place of Business

10121 TWISTING VINE COURT
TALLAHASSEE FL 32312

Mailing Address

10121 TWISTING VINE COURT
TALLAHASSEE FL 32308-3528

2. Principal Place of Business

3. Mailing Address

2305 KILLBURN CENTER BLVD
F-136

2305 KILLBURN CENTER
BLVD F-136

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip Country
32308 USA

Zip Country
32308 USA

4. FEI Number 65-0759172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKERSON, DAVID F
10121 TWISTING VINE COURT
TALLAHASSEE FL 32312

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
2305 KILLBURN CENTER BLVD
F-136
City TALLAHASSEE FL Zip Code 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WILKERSON, DAVID F
STREET ADDRESS 10121 TWISTING VINE COURT
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F024 (9/99)