

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90196 001 ***150.00
 02-27-2002 90196 002 *****8.75

DOCUMENT # P97000072930

1. Entity Name

WILCO ELECTRICAL CONTRACTING, INC.

Principal Place of Business

**22600 SW 180 CT.
 MIAMI FL 33170
 US**

Mailing Address

**22600 SW 180 CT.
 MIAMI FL 33170
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4444 S.W. 71 AVE
 STE 105, 2ND FLOOR**

3. Mailing Address

P.O. BOX 228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

ST. JAMES CITY, FL

4. FEI Number

65-0781082

Applied For

Not Applicable

Zip

33155

Country

U.S.A.

Zip

33954

Country

U.S.A.

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

**HENDERSON, CATHRYN K
 22600 SW 180 CT.
 MIAMI FL 33170**

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 Cathryn K. Henderson, CATHRYN K. HENDERSON, Pres. 2-9-02

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	HENDERSON, CATHRYN K	
STREET ADDRESS	22600 SW 180 CT	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4444 SW 71 AVE, STE 105	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS E. KIRK, SR.	
STREET ADDRESS	4444 SW 71 AVE, STE 105	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP G. HENDERSON	
STREET ADDRESS	4444 SW 71 AVE, STE 105	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BILL	
STREET ADDRESS	4444 SW 71 AVE, STE 105	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cathryn K. Henderson, CATHRYN K. HENDERSON, Pres. 2/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)