

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041554

1. Entity Name

WILKERSON ENTERPRISES, INC.

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90003 048 ***550.00

Principal Place of Business

Mailing Address

7820 SE 86TH AVE
NEWBERRY FL 32669

PO BOX 1442
TRENTON FL 32693-1442

2. Principal Place of Business

7820 SE 86th Ave

3. Mailing Address

PO Box 1442

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry FL

City & State

Trenton FL

4. FEI Number

59-3523248

Applied For

Not Applicable

Zip

32669

Country

USA

Zip

32693

Country

USA

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, LONNIE R JR.
7820 SE 86TH AVE
NEWBERRY FL 32669

Name

Wilkerson, Lonnie R. Jr.

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

7820 SE 86th Ave.

City

Newberry

FL

Zip Code

32669

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)

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	P	<input type="checkbox"/> Delete
NAME	WILKERSON, JR, LONNIE R	
STREET ADDRESS	7820 SE 8TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKERSON, JR, JAMES C	
STREET ADDRESS	8230 SE 74TH CT	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Lonnie R. Wilkerson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/00 352 472 5921

CR2E034 (9/99)