2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 23, 2000 8:00 am Secretary of State DOCUMENT # **P98000063352** 1. Entity Name WILTON COMPANY 02-23-2000 90021 015 ***150.00 Principal Place of Business Mailing Address 7808 LÒCKWEÓD RIDGE RD 7608 EOCKWOOD RIDGE RD SARASOTA FL 34243 SARASOTA FL 34243-4900 HS 2. Principal Place of Business Mailing Address En 411 CORTEZ RU 410 CORTEZ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 42 D City & State Applied For City & State 4. FEI Number 65-0851747 RADENTON BRADENTON Not Applicable Country \$8.75 Additional USA Certificate of Status Desired 207 01 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAJER, GARY Street Address (P.O. Box Number is Not Acceptable) 201 SEAGULL LANE SARASOTA FL 34236 City BRHDENTON 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. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition NAME MAJER, GARY E NAME STREET ADDRESS STREET ADDRESS 201 SEAGULL LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Delete TITLE Change TITLE EISEMAN, MARC NAME NAME 7608 LOCKWOOD RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34243 Change ☐ Addition -TITLE Delete. JITLE _ MAJER, GARY E NAME NAME STREET ADDRESS STREET ADDRESS 201 SEAGULL LN CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 VICE-PRESIDENT ☐ Addition Change TITLE TITLE TANYA ROARK RIDGE RD 2608 LOCKWOOD RIDGE RD SARASOTA FL 34243 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appreas, with all other like empowered.