

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063352

1. Entity Name
WILTON COMPANY

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91298 019 ***150.00

Principal Place of Business

**410 CORTEZ RD WEST
#420
BRADENTON FL 34207
US**

Mailing Address

**410 CORTEZ RD WEST
#420
BRADENTON FL 34207
US**

2. Principal Place of Business

3. Mailing Address

7608 LOCKWOOD RIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number **65-0851747**

Applied For

Not Applicable

Zip

Country

Zip

Country

34243

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

**MAJER, GARY
410 CORTEZ RD W
#420
BRADENTON FL 34207**

Name **JOHN D. HAWKINS**

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

1023 MANATEE AVE. W.

City **BRADENTON**

FL

Zip Code **34205**

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 of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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, 2001 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** ☐ Delete
NAME **MAJER, GARY E**
STREET ADDRESS **201 SEAGULL LANE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Change ☐ Addition
NAME **MAJER, GARY E.**
STREET ADDRESS **7608 LOCKWOOD RIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **P** ☐ Delete
NAME **EISEMAN, MARC**
STREET ADDRESS **7608 LOCKWOOD RIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE **T** ☒ Delete
NAME **MAJER, GARY E**
STREET ADDRESS **201 SEAGULL LN**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **V** ☐ Delete
NAME **ROARK, TANYA**
STREET ADDRESS **7608 LOCKWOOD RIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **SEC-TREAS** ☒ Change ☐ Addition
NAME **ROARK, TANYA**
STREET ADDRESS **7608 LOCKWOOD RIDGE RD.**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

GARY E. MAJER, DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)