

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90171 028 ***150.00

DOCUMENT # P98000084621

1. Entity Name
WILKIN ART, INC.

Principal Place of Business

**2318 RUNYON COURT
 ORLANDO FL 32837**

Mailing Address

**2318 RUNYON COURT
 ORLANDO FL 32837**

2. Principal Place of Business

4157 Tamarack Dr

Suite, Apt. #, etc.

3. Mailing Address

4157 Tamarack Dr

Suite, Apt. #, etc.

City & State

Medford, OR

City & State

Medford, OR

4. FEI Number

59-3534966

Applied For

Not Applicable

Zip

97504

Country

Zip

97504

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



110940

6. Name and Address of Current Registered Agent

**MCKENZIE, JAMES D
 2318 RUNYON COURT
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

Robert Wolfe

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

5100 HWY 17-92

Suite 200

City

Casselberry

FL

Zip Code

32707

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, 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

TITLE **D** ☐ Delete
 NAME **MCKENZIE, JAMES D**
 STREET ADDRESS **2318 RUNYON COURT**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **4157 Tamarack Dr**
 STREET ADDRESS **Medford, OR**
 CITY-ST-ZIP **97504**

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

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 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

1/31/01

Daytime Phone #

541-245-1861

CR2E034 (10/00)