

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90480 037 ***150.00

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 AV

DOCUMENT # P99000000986

1. Entity Name
WILKINS STUCCO, INC.

Principal Place of Business
 7228 SOMERSWORTH DR.
 ORLANDO FL 32835

Mailing Address
 7228 SOMERSWORTH DR.
 ORLANDO FL 32835

2. Principal Place of Business
3800 GARDENIA AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
3800 GARDENIA AVENUE
 Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number **59-3549761**

Applied For
 Not Applicable

Zip
32829

Country

Zip
32829

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILKINS, J.EVER
 7228 SOMERSWORTH DR.
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **Wilkins, Codrington**
Street Address (P.O. Box Number is Not Acceptable) **3800 Gardenia Avenue**
City **Orlando** **FL** **Zip Code** **32839**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/02
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, J.EVER	
STREET ADDRESS	7228 SOMERSWORTH DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, CODRINGTON	
STREET ADDRESS	7228 SOMERSWORTH DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, CODRINGTON	
STREET ADDRESS	3800 GARDENIA AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32829	
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		
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 **407 8481-0403**
 Date Daytime Phone #

CR2E034 (9/01)