

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90162 041 ***150.00

UBR 3073

DOCUMENT # P99000008609

1. Entity Name
WILCO ENTERPRISES INC. OF ORLANDO

Principal Place of Business 8525 CHICKASAW FARM LN. RD. ORLANDO FL 32825	Mailing Address 8525 CHICKASAW FARM LN. RD. ORLANDO FL 32825
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908560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>7061 Grand National Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 105 G</i>	
City & State		City & State <i>ORLANDO FL</i>	
Zip	Country	Zip <i>32819</i>	Country <i>U.S.A</i>

4. FEI Number 06-1668983	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, CAROL
8525 CHICKASAW FARM LN. RD.
ORLANDO FL 32825

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	WRIGHT, CAROL	8525 CHICKASAW FARM LN. RD.	ORLANDO FL 32825	<input type="checkbox"/>	<input type="checkbox"/>
D	LEVY, GLANVILLE	8525 CHICKASAW FARM LN. RD.	ORLANDO FL 32825	<input type="checkbox"/>	<input type="checkbox"/>
D	WILLIAMS, KENNETH A	713 E. 85TH ST.	BROOKLYN NY	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carol Wright*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *01-17-2001*
 Daytime Phone #: *407-509 3690*

CR2E034 (10/00)