2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am **DOCUMENT#** P99000069623 **Secretary of State** 1. Entity Name 02-27-2002 90264 001 *****8.75 WILCO INSIDE ELECTRICAL, INC. 02-27-2002 90264 002 ***150.00 Principal Place of Business Mailing Address 22600 SW 180TH CT. 22600 SW 180TH CT. MIAMI FL 33170 MIAM! FL 33170 3. Mailing Address ア. ク、 *Bo*X 2. Principal Place of Business 4444 SW TI AVE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 105. City & State City & State 4. FEI Number Applied For 65-0944939 ST. JAMES FL MIAMI Not Applicable Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired U.5.A. 33956 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDERSON, CATHRYN K Street Address (P.O. Box Number is Not Acceptable) 22600 SW 180TH CT. MIAM) FL 33170 Zip Code City FI 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 thrip K. Henderson CATHRYN K. HENDERSON, 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME HENDERSON, CATHRYN K NAME STREET ADDRESS 22600 SW 180TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33170 CITY-ST-ZIP X Addition Change TITLE ☐ Delete TITLE PHILLIP G. HENDERSON NAME STE 105 MIAMI FL 38155 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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-7IP 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.

athrew K Henderson CATHRYN K HENDERSON, Pros 2/9

Daytime Phone #

305-248-9911

FILED