

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 05, 2001 8:00 am
Secretary of State

04-11-2001 90090 002 ***150.00

DOCUMENT # **P99000091212** ✓

1. Entity Name

FL MANUFACTURED SET-UP, INC

Principal Place of Business

Mailing Address

P.O. Box 604

KATHLEEN, FL 33849

2. Principal Place of Business

4690 (R) Deeson Rd

3. Mailing Address

P.O. Box 604

Suite, Apt. #, etc.

LAKELAND

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

KATHLEEN, FL

Zip

33810

Country

USA

Zip

33849

Country

USA

4. FEI Number

59-360 3325

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wanda L. Willis

P.O. Box 604

KATHLEEN, FL 33849

Name

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

**4690 Deeson Rd
LAKELAND, FL**

City

FL

33810

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

Wanda L. Willis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

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

(Same)

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
**PRESIDENT
Tim C. Willis
4690 Deeson Rd
LAKELAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
**V.P. / Sec-TREAS
Wanda L. Willis
4690 Deeson Rd
LAKELAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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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:

Wanda L. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(863) 815-1519

Daytime Phone

CR2E034 (11/00)