

2002 UNIFORM BUSINESS REPORT (UBR)

0128417 AT

DOCUMENT # P99000091212

1. Entity Name
FLORIDA MANUFACTURED SET-UP, INC.

FILED

02 NOV 25 AM 10:27

Principal Place of Business

4690 (R) DEESON RD
LAKELAND FL 33810

Mailing Address

POST OFFICE BOX 604
KATHLEEN FL 33849

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4690 (R) Deeson Rd.

3. Mailing Address

P.O. Box 604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Kathleen, FL

4. FEI Number

59-3603325

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, WANDA L
4690 DEESON ROAD
LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name: Tim C Willis
Street Address (P.O. Box Number is Not Applicable):
4690 Deeson Rd
Lakeland, FL
City: Lakeland FL
Zip: 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 11/25/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	WILLS, TIMOTHY C	
STREET ADDRESS	4690 DEESON RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	WILLS, WANDA L	
STREET ADDRESS	4690 DEESON RD	
CITY-ST-ZIP	LAKELAND FL 33810	
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		<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
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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]* Wanda L Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9-13-02
Daytime Phone #: 559-8587

CR2E034 (4/02)