

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90086 045 ***150.00

DOCUMENT # P99000091212

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



Principal Place of Business

4690 (R) DEESON RD
LAKELAND FL 33810

Mailing Address

POST OFFICE BOX 604
KATHLEEN FL 33849

2. Principal Place of Business

4690 Deeson Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 604

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Lakeland, FL

City & State

Kathleen FL

4. FEI Number

59-3603325

Applied For

Not Applicable

Zip

33810

Country

USA

Zip

33849

Country

USA

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 Acceptable)

4690 Deeson Rd

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIS, TIMOTHY C
STREET ADDRESS 4690 DEESON RD
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE VPST
NAME WILLIS, WANDA L
STREET ADDRESS 4690 DEESON RD
CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)