

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57713

1. Entity Name
NATIONAL WIRE SOUTHEAST, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 021 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1375 W CHURCH STR
JACKSONVILLE FL 32204
US

Mailing Address
1375 W CHURCH ST
JACKSONVILLE FL 32204-1303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3066312

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINSON, EDGAR L.
1375 W CHURCH ST
JACKSONVILLE FL 32204

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 DCP
STREET ADDRESS MCLEAN, DONALD R.
CITY-ST-ZIP 2676 COVE VIEW DR. N.
JACKSONVILLE FL

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

TITLE NAME DST
STREET ADDRESS WILKINSON, EDGAR L.
CITY-ST-ZIP 12983 SILVER OAK DR.
JACKSONVILLE FL

TITLE NAME
STREET ADDRESS 11338 Lake Mandarin Circle, East
CITY-ST-ZIP Jacksonville, FL ☒ Change ☐ Addition

TITLE NAME D
STREET ADDRESS O'STEEN, HOWARD K.
CITY-ST-ZIP 4819 ORTEGA FOREST DR.
JACKSONVILLE FL

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

TITLE NAME D
STREET ADDRESS O'STEEN, HAROLD S.
CITY-ST-ZIP 4611 ORTEGA BLVD.
JACKSONVILLE FL

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

TITLE NAME D
STREET ADDRESS DAVIS, WAYNE T
CITY-ST-ZIP 4034 W ALHAMBRA DR
JACKSONVILLE FL

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Edgar L. Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

904-353-4688

CR2E034 (9/99)