2001 UNIFORM BUSINESS REPORT (UBR)

OAKLAND CITY IN 47660

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

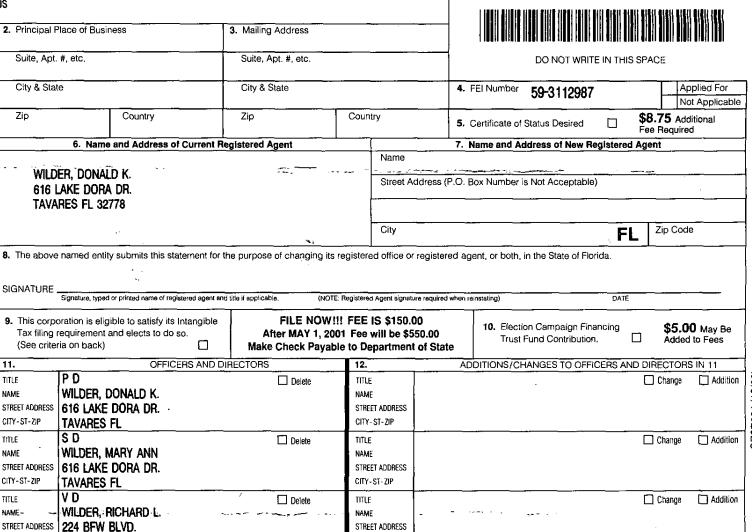
Country

City

DOCUMENT # V25285 1. Entity Name W & W OF LAKE COUNTY, INC. Principal Place of Business Mailing Address 616 LAKE DORA DR P.O. BOX 38 HWY 64 E HWY 64 E

FILED Mar 13, 2001 8:00 am Secretary of State

03-13-2001 90317 032 ***150.00



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 \$5.00 May Be Trust Fund Contribution. Added to Fees		
11. OFFICERS AND DIRECTORS		12. A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D WILDER, DONALD K. 616 LAKE DORA DR. TAVARES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D WILDER, MARY ANN 616 LAKE DORA DR. TAVARES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME- STREET ADDRESS CITY-ST-ZIP	V D WILDER, RICHARD L. 224 BFW BLVD. BOONVILLE IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	T D WILDER, MELINDA L. 224 BFW BLVD. BOONVILLE IN	☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortific that the information over all admits the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	440.07/07/2 51-51-51-51-41-41-41-41-41-41-41-41-41-41-41-41-41	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						

Accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the occive changed, or on an attachment w

SIGNATURE:

TAVAROS FL 32728

2. Principal Place of Business

WILDER, DONALD K.

616 LAKE DORA DR. TAVARES FL 32778

Country

6. Name and Address of Current Registered Agent

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

Suite, Apt. #, etc.

City & State

Zip

US