

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31873

1. Entity Name
LONDON GROUP, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 030 ***150.00

Principal Place of Business
889 111TH AVENUE NORTH
NAPLES FL 34108
US

Mailing Address
889 111TH AVENUE NORTH
NAPLES FL 34108
US

00110421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2106119

Applied For
Not Applicable

Zip
34108

Country

Zip
34108

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

WILSON, GEMMA C.
889 111TH AVENUE NORTH
SUITE 205
NAPLES FL 33983

Name CHESTER A. HOWARD
Street Address (P.O. Box Number is Not Acceptable)
889 111TH AVENUE NORTH
SUITE 205
City NAPLES, FL FL Zip Code 34108

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 *Chester A. Howard* CHESTER A. HOWARD, SECRETARY 4-24-02
(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, 2002 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 STREET ADDRESS CITY-ST-ZIP	CD WILSON, DOUGLAS 889 111TH AVE N NAPLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POT WILSON, MARK D. 889 111TH AVE N NAPLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILSON, STEPHEN 889 111TH AVE N NAPLES FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Change ☐ Addition NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Change ☒ Addition CHESTER A. HOWARD 889 111TH AVENUE N. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: *Stephen D Wilson* 7/29/02 239-592-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)