

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90342 040 ***150.00

0409596

DOCUMENT # F69388

1. Entity Name

WILSON EXCAVATORS, INC.

Principal Place of Business

**C/O ROBERT H WILSON
 552 CATARZI WAY
 SARASOTA FL 34232**

Mailing Address

**C/O ROBERT H WILSON
 552 CATARZI WAY
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, DONALD W
 5139 VANDERIPE RD
 SARASOTA FL 34232**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LILLIE M	NAME	
STREET ADDRESS	552 CATARZI WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		
TITLE	PS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DONALD	NAME	
STREET ADDRESS	552 CATARZI WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VP	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDOR, STEPHEN	NAME	
STREET ADDRESS	552 CATARZI WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	T	TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, ERIC B	NAME	
STREET ADDRESS	552 CATARZI WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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: *Eric B Mathis* **ERIC B. MATHIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2001

Date

941-371-8021

Daytime Phone #

CR2E034 (10/00)