

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 015 ***150.00

0517499 AV

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

State, Apt. #, etc.

State, 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

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

ENTERED

MAR 05 2002

7. Name and Address of New Registered Agent

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 of applicable

(R.O.T., 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

TITLE	PS	☐ Delete
NAME	WILSON, DONALD	
STREET ADDRESS	552 CATARZI WAY	
CITY-STATE-ZIP	SARASOTA FL 34232	
TITLE	V	☐ Delete
NAME	KONDOR, STEPHEN	
STREET ADDRESS	552 CATARZI WAY	
CITY-STATE-ZIP	SARASOTA FL 34232	
TITLE	VT	☒ Delete
NAME	MATHIS, ERIC B	
STREET ADDRESS	552 CATARZI WAY	
CITY-STATE-ZIP	SARASOTA FL 34232	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Mary E. Cummings*

34-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1507/1508/1509