FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2005 8:00 am
Secretary of State
05-25-2005 90001 024 ***150.00

DOCUMENT # P93000058101 (6)

1. Entity Name
Wilson's Auto Repair & Sales Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1532 State Ave
Suite, Apt. #, etc.
UNIT H
City & State
Holly Hill Florida
Zip 32117 County Volusia

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
June L Wilson
Street Address (P.O. Box Number is Not Acceptable)
1532 State Ave UNIT H
City
Holly Hill Fl FL Zip Code 32117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing it)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPST June L Wilson 10 Stratford Place Ormond Beach, Fl 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: June L. Wilson 5/19/05 386-672-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #