## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018073

Entity Name: 2111 WILSON BOULEVARD INC.

**Current Principal Place of Business:** 

1801 HERMITAGE BOULEVARD

SUITE 100

TALLAHASSEE, FL 32308

**Current Mailing Address:** 

1801 HERMITAGE BOULEVARD SUITE 100

TALLAHASSEE, FL 32308

FEI Number: 75-2584802 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title **OFFICER** 

TAYLOR, LAMAR E Name Name BURLAK, DAVE

Address 1801 HERMITAGE BLVD., STE 100 Address 1801 HERMITAGE BOULEVARD

SUITE 100

City-State-Zip: TALLAHASSEE FL TALLAHASSEE FL 32308 City-State-Zip:

Title Ρ

Title **OFFICER** Name FARALDO, MARK P

Name GRAY, LYNNE Address 8750 N. CENTRAL

1801 HERMITAGE BOULEVARD Address **EXPRESSWAY, SUITE 800** 

SUITE 100 DALLAS TX 75231-6437

City-State-Zip: City-State-Zip: TALLAHASSEE FL 32308

Title **DIRECTOR** 

Title **DIRECTOR** SPOOK, STEPHEN A Name

HAZEN, MAUREEN Name Address 1801 HERMITAGE BOULEVARD,

1801 HERMITAGE BOULEVARD, Address SUITE 100

SUITE 100 TALLAHASSEE FL 32308

City-State-Zip: City-State-Zip: TALLAHASSEE FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/18/2015 SIGNATURE: MARK P FARALDO **PRESIDENT** 

**FILED** Mar 18, 2015

**Secretary of State** 

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