**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 18, 2002 8:00 am Secretary of State DOCUMENT # 590367 1. Entity Name WILSON CARPET SERVICE, INC. 02-18-2002 90162 004 \*\*\*150.00 Principal Place of Business Mailing Address 2805 ILENE OR. 2805 ILENE DR. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1954530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, CLARK B. JR. Street Address (P.O. Box Number is Not Acceptable) 2805 ILENE DR. JACKSONVILLE, FL. FL 32216 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition WILSON, CLARK B. JR. NAME NAME 2805 ILENE DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change WILSON, REITA L NAME MAME STREET ADDRESS 2805 ILENE DRIVE STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, TAMMY E. NAME STREET ADDRESS STREET ADDRESS 2805 ILENE DRIVE CITY-ST-7IP JACKSONVILLE FL 32216 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

1/3/02 904-737-959