

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90150 002 \*\*\*150.00

DOCUMENT # **660576** ✓

1. Entity Name

Wilson Financial Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7800 Belfort Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32256

Country

US

3. Mailing Address

7800 Belfort Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32256

Country

US

4. FEI Number

59-2006064

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

Catherine J. Gray

Street Address (P.O. Box Number is Not Acceptable)

7800 Belfort Parkway

Suite 100

City

Jacksonville

FL

Zip Code

32256

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00.

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
President/Director	J. Steven Wilson	7800 Belfort Parkway, Suite 100	Jacksonville, FL 32256
Vice President/Treasurer	Catherine J. Gray	7800 Belfort Parkway, Suite 100	Jacksonville, FL 32256
Secretary	Susan H. Turvey	7800 Belfort Parkway, Suite 100	Jacksonville, FL 32256
Assistant Secretary	Carol Abdullah	7800 Belfort Parkway, Suite 100	Jacksonville, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

(904) 281-2200

Date

Daytime Phone #

CR2E034B (12/01)