

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90247 024 ***150.00

DOCUMENT # 673631

1. Entity Name
WILSON HOWARD ENTERPRISES, INC.



Principal Place of Business
**290 S. CONGRESS AVENUE
BOYNTON BEACH FL 33426-4212**

Mailing Address
**290 S. CONGRESS AVENUE
BOYNTON BEACH FL 33426-4212**



2. Principal Place of Business
**290 N. CONGRESS AVE.
Suite, Apt. #, etc.
BOYNTON BEACH**

3. Mailing Address
**245 OLD COUNTRY RD.
Suite, Apt. #, etc.
WELLINGTON**

City & State
FL.

City & State
FL.

4. FEI Number
59-2004793

Applied For
☐ Not Applicable

Zip
33426

Country
PAIM BEACH

Zip
33414

Country
PAIM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, WILSON
727 BLVD. CHATELAINE EAST
DELRAY BEACH FL 33445**

Name
HOWARD DE WILSON
Street Address (P.O. Box Number is Not Acceptable)
245 OLD COUNTRY RD.

City
WELLINGTON FL Zip Code
33414

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 **Howard Wilson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HOWARD, WILSON**
CITY-ST-ZIP **727 BLVD. CHATELAINE E.
DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **HOWARD, WILSON**
CITY-ST-ZIP **245 OLD COUNTRY RD.
WELLINGTON, FL. 33414**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **HOWARD, PATRICIA**
CITY-ST-ZIP **727 BLVD. CHATELAINE E.
DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **HOWARD, PATRICIA**
CITY-ST-ZIP **245 OLD COUNTRY RD.
WELLINGTON, FL. 33414**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOWARD, ERIC**
CITY-ST-ZIP **3448 CHATELAINE
DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
NAME **HOWARD, ERIC**
STREET ADDRESS **245 OLD COUNTRY RD.**
CITY-ST-ZIP **WELLINGTON, FL. 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard Wilson** **HOWARD** **1-7-03 561-514-1622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)