

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90018 041 ***150.00

DOCUMENT # F00078

1. Entity Name

CAL WILSON TRACTOR SERVICE, INC.

Principal Place of Business

**7294 SUNSHINE GROVE RD
 BROOKSVILLE FL 34613**

Mailing Address

**7294 SUNSHINE GROVE RD
 BROOKSVILLE FL 34613**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7284 Sunshine Grove Rd

Suite, Apt. #, etc.

7284 Sunshine Grove Rd

City & State

Brooksville FL

City & State

Brooksville FL

Zip

34613

Country

Zip

34613

Country

4. FEI Number

59-2025812

Applied For

Not Applicable

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

**VICTORIA L. WILSON
 1512 OAKHURST DR
 BROOKSVILLE FL 34601**

Name

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

City

FL

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

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **WILSON, CALVIN**
 CITY-ST-ZIP **5268 CYRIL DRIVE**
DADE CITY FL

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **WILSON, MAUREEN C**
 CITY-ST-ZIP **5268 CYRIL DRIVE**
DADE CITY FL

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

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **WILSON, VICTORIA L.**
 CITY-ST-ZIP **1512 OAKHURST DR**
BROOKSVILLE FL 34601

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victoria L. Wilson **Victoria L. Wilson** 3/12/02 352-597-1885

CR2E034 (9/01)