

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69388

1. Entity Name

WILSON EXCAVATORS, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90113 001 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT H WILSON
552 CATARZI WAY
SARASOTA FL 34232

C/O ROBERT H WILSON
552 CATARZI WAY
SARASOTA FL 34232-6319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2171678

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILSON, ROBERT H
5335 SARAPORTE DRIVE
SARASOTA FL 34232

Name

DONALD W. WILSON

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

5139 VANDERPIKE ROAD

City

SARASOTA

FL

Zip Code

34241

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

Donald W. Wilson
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

3/23/2000
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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBERT H.	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, LILLIE M	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DONALD	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBERT H JR.	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WILSON PRESIDENT / SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DONALD	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDO, STEPHEN	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, ERIC B.	
STREET ADDRESS	552 CATARZI WAY	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donald W. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000
Date

941-371-8021
Daytime Phone #