

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006793

1. Entity Name

RAY A. WILSON ENTERPRISES INC.

FILED

Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 012 ***150.00

Principal Place of Business

Mailing Address

11/2 ESTRELLA DE MAR RD
CARLSBAD CA 92009

1330 BLUE HERON AVE.
ENCINITAS CA 92024-1267

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0633460

☒ 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

WILSON, PERRY
11252 W. HILLSBOROUGH AVE.
TAMPA FL 33635

Name Ernest L. Mascara, P.A.
Street Address (P.O. Box Number is Not Acceptable) 877 Executive Center Drive W.
Suite 303, The FLADES BLDG.
City St. Petersburg FL Zip Code 33702

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]* *[Signature]* 02/01/00
Signature, typed or printed name of registered agent and date 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, 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	PSDC	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, RAY A		NAME	Edd, Pam	
STREET ADDRESS	7172 ESTRELLA DE MAR RD.		STREET ADDRESS	1330 Blue Heron Avenue	
CITY-ST-ZIP	CARLSBAD CA 92009		CITY-ST-ZIP	Encinitas, CA 92024	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	PSDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Ray A		NAME	WILSON, RAY A.	
STREET ADDRESS	7172 Estrella de Mar Road		STREET ADDRESS	7172 ESTRELLA DE MAR ROAD	
CITY-ST-ZIP	Carlsbad CA 92009		CITY-ST-ZIP	CARLSBAD, CA. 92009	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/7/00 Daytime Phone # 760 632 9870

CR2E034 (9/99)