

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90007 012 ***150.00

DOCUMENT # F97000006793

1. Entity Name
RAY A. WILSON ENTERPRISES INC.

Principal Place of Business 1172 ESTRELLA DE MAR RD CARLSBAD CA 92009	Mailing Address 1330 BLUE HERON AVE. ENCINITAS CA 92024-1267
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0633460	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILSON, PERRY
 11252 W. HILLSBOROUGH AVE.
 TAMPA FL 33635**

7. Name and Address of New Registered Agent
 Name: **Ernest L. Mascara, P.A.**
 Street Address (P.O. Box Number is Not Acceptable): **877 Executive Center Drive W.
 Suite 303, The GLADES 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]* **Ernest L. Mascara** DATE: **02/01/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC WILSON, RAY A 7172 ESTRELLA DE MAR RD. CARLSBAD CA 92009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wilson, Ray A <input checked="" type="checkbox"/> Delete 7172 Estrella de Mar Road Carlsbad CA 92009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Edd Pam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1330 Blue Heron Avenue Encinitas, CA 92024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC WILSON, RAY A. <input checked="" type="checkbox"/> Addition 7172 ESTRELLA DE MAR ROAD CARLSBAD, CA. 92009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Ray A. Wilson** DATE: **1/7/00** DAYTIME PHONE #: **760 632 9870**

CR2E034 (9/99)