

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90126 003 \*\*\*150.00

00045548 ✓

DOCUMENT # G81037  
 1. Entity Name  
 FLORIDA SITE SELECTORS, INC. RESIDENTIAL DIVISION

Principal Place of Business Mailing Address  
 1325 MAURY RD 1325 MAURY RD  
 ORLANDO, FL 32804 ORLANDO, FL 32804

Principal Place of Business 3. Mailing Address  
 1325 MAURY RD 1325 MAURY RD  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 ORLANDO, FL  
 City & State City & State  
 ORLANDO

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country  
 32804 US 32804 US

4. FEI Number Applied For  
 59-2468623 Not Applicable

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

6. Name and Address of Current Registered Agent  
 RONALD L. WILSON  
 1325 MAURY RD.  
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent  
 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 Ronald L. Wilson PRES. 4/23/00  
 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, 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	DV	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ORRIS H.	
STREET ADDRESS	194 SHADOW BAY BLVD S	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, RONALD L.	
STREET ADDRESS	1325 MAURY RD	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ronald L. Wilson 4/23/00 (407) 316-0404  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)