

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81096

1. Entity Name
JIM WILSON PLUMBING, INC.Principal Place of Business
395 MIDWAY RD.
P.O. BOX 12337
FORT PIERCE FL 34979-9337Mailing Address
P.O. BOX 12337
P.O. BOX 12337
FORT PIERCE FL 2337
US2. Principal Place of Business
395 E Midway Road
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 12337
Suite, Apt. #, etc.City & State
Fort Pierce, FLCity & State
Fort Pierce, FL

Zip 34982

Country St. Lucie

Zip 34979

Country St. Lucie

4. FEI Number
59-2844350
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, JIM
395 E MIDWAY RD.
FT. PIERCE FL 34982

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 *Jim Wilson*

Signature typed or printed name of registered agent and title if applicable.

DATE 2-27-02

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME WILSON, JAMES D.
STREET ADDRESS 395 MIDWAY RD.
CITY-ST-ZIP FT. PIERCE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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: *Jim Wilson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90023 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

2-27-02 772-461-1320
Daytime Phone #