2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **J66663** 1. Entity Name WILSON DEVELOPMENT, INC. OF STUART 01-31-2001 90019 013 ***150.00 Principal Place of Business Mailing Address 3082 SOUTHEAST JAY ST. 3082 SOUTHEAST JAY ST. STUART FL 34997 STUART FL 34997 OGOOUR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2816692 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 3082 S.E. JAY STREET STUART FL 34997 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, DONALD L. NAME STREET ADDRESS 2332 NW BRITT TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Delete TITLE Change ☐ Addition NAME WILSON, DONALD JAMES NAME STREET ADDRESS STREET ADDRESS 2996 S.E. FAIRWAY W. CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Delete TITLE ☐ Change ☐ Addition NAME WILSON, JACQUELINE NAME STREET ADDRESS STREET ADDRESS 2332 NW BRITT TERR. CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE ☐ Delete TITI E Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Donald L. Wilson 1/22/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

561-334-9323