

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006299

1. Entity Name

BCG WILSON ENTERPRISES, L.L.C.

Principal Place of Business

4554 BAYBROOK DRIVE
PENSACOLA FL 32514

Mailing Address

4554 BAYBROOK DRIVE
PENSACOLA FL 32514

2. Principal Place of Business

7201 N. 9th Avenue

Suite, Apt. #, etc.

Suite 10

City & State

Pensacola, FL

Zip
32504

Country

Escambia

3. Mailing Address

7201 N. 9th Avenue

Suite, Apt. #, etc.

Suite 10

City & State

Pensacola, FL

Zip

32504

Country

Escambia

4. FEI Number

59-364-9796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINNER, SEAN A ESQ.

220 WEST GARDEN STREET

SUNTRUST TOWER, 9TH FLOOR

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Francis G. Wilson III

Street Address (P.O. Box Number is Not Acceptable)

7201 N. 9th Avenue Suite 10

City

Pensacola

FL

Zip Code
32504

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Francis G. Wilson III
4554 Baybrook Drive
Pensacola, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004416421--7
-06/12/01--01072--021
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(850) 473-0018

0003926

AF

CR2E083 (11/00)

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE