

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90015 022 ****50.00

DOCUMENT # L02000002251

1. Entity Name

WILSON & WILSON ENTERPRISES, LLC



Principal Place of Business

**318C STADIUM DRIVE
TALLAHASSEE FL 32304
US**

Mailing Address

**318C STADIUM DRIVE
TALLAHASSEE FL 32304
US**

20024111

2. Principal Place of Business

PO Box 150432

3. Mailing Address

PO Box 150432

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32715

Country

Seminole

Zip

32715

Country

Seminole

4. FEI Number

43-1948666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, MAURICE L JR.
318C STADIUM DRIVE
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **Maurice Wilson, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
5880 Sundown Circle #1326

City
Orlando

FL

Zip Code
32822

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Maurice Wilson, Managing member** **1/10/03**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **WILSON, MAURICE L JR.**
STREET ADDRESS **318C STADIUM DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

☐ Delete

TITLE **MGRM**
NAME **WILSON, TIA T**
STREET ADDRESS **7025 W. UNIVERSITY AVE, #1207**
CITY-ST-ZIP **GAINESVILLE FL 32607**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Maurice Wilson, MGRM** **1/10/03** **407-718-1747**

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

Date

Daytime Phone #

CR2E083 (10/02)