## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M31402 **DOCUMENT #** 

WILSON FINANCIAL GROUP, INC.



Mailing Address Principal Place of Business C/O DONALD D. WILSON JR. C/O DONALD D. WILSON JR. 9500 S. DADELAND BLVD. SUITE 700 9500 S. DADELAND BLVD. SUITE 700

9500 S. DADELAND BLVD. SOITE 700 MIAMI FL 33158		MIAMI FL 33156							
2. Principal Plac	ce of Business	3. Mailing A	Address		···	24(1) 189 (1)41 11411 21411 21411			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2667646 Applied For Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status Desired Service Servi				
	A disease of Custon	t Posistered A	nent		7. Name at	nd Address of New F	egistered Ag	jent	
<del></del>	6. Name and Address of Curre	it negistered A	,	Name		<del></del>			•
WILSON, DONALD D., JR 9500 S. DADELAND BLVD. SUITE 700				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 3	3156			City			FL	Zip Code	
	named entity submits this statement				<u> </u>				and accord
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				egistered Agent signature requ	9.	Election Campaign F Trust Fund Contributi	on. $\square$	Added	<b>0</b> May Be to Fees
Make Check	Payable to the tue Bepartment	ID DIDECTORS		11.	ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
	DP WILSON, DONALD D., JR 13501 SW 63 AVE MIAMI FL	ND DIRECTORS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
CITY-ST-ZIP		<del></del>		TITLE		, , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	-	was and	Delete	NAME STREET ADDRESS CITY-ST-ZIP	¢			-	<u>.</u> .
TITLE			☐ Delete	TITLE NAME				Change	☐ Addition

CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

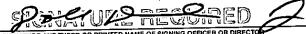
CITY-ST-ZIP

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NAME

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**FILED** 

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90262 050 \*\*\*150.00