

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90392 032 \*\*\*\*70.00

**DOCUMENT # N00000001605**

1. Entity Name

**WILSON ECONOMIC, INC.**

Principal Place of Business

**3205**  
**3502 DODGE ST.**  
**TAMPA FL 33605**

Mailing Address

**3205**  
**3502 DODGE ST.**  
**TAMPA FL 33605**

2. Principal Place of Business

**3205 Dodge St.**  
 Suite, Apt. #, etc.

3. Mailing Address

**3205 Dodge St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3630118**

Applied For

Not Applicable

Zip **33605**

Country **U.S.**

Zip **33605**

Country **U.S.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, NAMON**  
**3502 DODGE ST.**  
**TAMPA FL 33605**

**3205 Dodge St**  
**TAMPA FL 33605**

7. Name and Address of New Registered Agent

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

*Namon Wilson*  
 Signature, typed or printed name of registered agent and title if applicable.

**Namon Wilson**  
 (NOTE: Registered Agent signature required when reinstating)

**5/1/01**  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, NAMON	
STREET ADDRESS	3502 DODGE ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATLEY, VIOLET	
STREET ADDRESS	12414 N. 15TH ST., APT. X	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MULDROW, ERMA	
STREET ADDRESS	12414 N. 15TH ST., APT. X	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Namon	
STREET ADDRESS	3205 Dodge St	
CITY-ST-ZIP	Tampa FL 33605	
TITLE	SCT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Violet, Watley	
STREET ADDRESS	12414 N. 15th St, Apt X	
CITY-ST-ZIP	Tampa FL 33612	
TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	muldrow ERMA	
STREET ADDRESS	3011 E. Hendry Ave	
CITY-ST-ZIP	Tampa FL 33610	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Byron	
STREET ADDRESS	3205 Dodge St	
CITY-ST-ZIP	Tampa FL 33605	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roma D. Allen, SE	
STREET ADDRESS	1106 Gershal Ave	
CITY-ST-ZIP	Rittsgrove NS 05302	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	wilson, Valerie	
STREET ADDRESS	3205 Dodge St	
CITY-ST-ZIP	Tampa FL 33605	

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 617, 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.

SIGNATURE: **Namon Wilson** REQUIRED

**5/1/01** (813) 972-1079

CR2E037 (10/00)