

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91768 044 ****61.25

DOCUMENT # N00000001605

1. Entity Name

WILSON ECONOMIC, INC.

Principal Place of Business

Mailing Address

**3025 DODGE ST.
TAMPA FL 33605**

**3025 DODGE ST.
TAMPA FL 33605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3630118

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, NAMON
3025 DODGE ST.
TAMPA FL 33605**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Delete
NAME	WILSON, NAMON	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SCT	<input type="checkbox"/> Delete
NAME	WATLEY, VIOLET	
STREET ADDRESS	12414 N. 15TH ST., APT. X	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TC	<input type="checkbox"/> Delete
NAME	MULDROW, ERMA	
STREET ADDRESS	3611 ESAT HENRY AVE.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TC	<input type="checkbox"/> Delete
NAME	WILSON, BYRON	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VC	<input type="checkbox"/> Delete
NAME	WILSON, VALERIE	
STREET ADDRESS	3025 DODGE ST.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ALLEN, ROMA D SR	
STREET ADDRESS	1106 GERSHALL AVE	
CITY-ST-ZIP	PITTEGROVE NJ 08302	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE REQUIRED

Namon Wilson 5-1-02

6236685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)