

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90099 039 ***150.00

DOCUMENT # P00000045168

1. Entity Name

NATIONAL DESIGN CONSULTANTS, INC.

Principal Place of Business

**3725 SW 20TH PLACE
 CAPE CORAL FL 33914**

Mailing Address

**3725 SW 20TH PLACE
 CAPE CORAL FL 33914**

2. Principal Place of Business

1724 SW 51ST TER.

Suite, Apt. #, etc.

3. Mailing Address

P O Box 150298

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-1006445

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33915

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WILKINSON, WILLIAM D JR.

3725 SW 20TH PLACE

CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

WILLIAM D WILKINSON JR.

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

1724 SW 51ST TERRACE

City

CAPE CORAL

FL

Zip Code

33914

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

W.D. Wilkinson Jr.

3-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **WILKINSON, WILLIAM D JR.**
 STREET ADDRESS **3725 SW 20TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME **WILLIAM D. WILKINSON JR.**
 STREET ADDRESS **1724 SW 51ST TERRACE**
 CITY-ST-ZIP **CAPE CORAL, FL. 33914**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **STACY WILKINSON**
 STREET ADDRESS **1724 SW 51ST TERRACE**
 CITY-ST-ZIP **CAPE CORAL, FL. 33914**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.D. Wilkinson Jr. **WILLIAM D WILKINSON JR**

3-10-02

941-229-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)