

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90041 008 ***150.00

0312723

DOCUMENT # P00000048446

1. Entity Name

KRISTEN MACCUDY WILSON, P.A.

Principal Place of Business

**612 HOLLOWS CIRCLE
 DEERFIELD BEACH FL 33442**

Mailing Address

**612 HOLLOWS CIRCLE
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3056 Lakeshore Dr.
 Suite, Apt. #, etc.

3. Mailing Address

3056 Lakeshore Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-1010682

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, KRISTEN M
 612 HOLLOWS CIRCLE
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Same

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

3056 Lakeshore Dr.

Deerfield Beach, FL

City

FL

33442

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

Kristen MacCudy Wilson

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, 2001 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 **WILSON, KRISTEN M**
 STREET ADDRESS **612 HOLLOWS CIRCLE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kristen MacCudy Wilson, Kristen MacCudy Wilson 3/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)