FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90381 031 ***150.00

DOCUMENT # P02000044855

1. Entity Name
Jim M. Wilson. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3649 Universal Plaza
Suite, Apt. #, etc.
City & State: New Port Richey FL
Zip: 34652 County: Pasco

3. Mailing Address
3649 Universal Plaza
Suite, Apt. #, etc.
City & State: New Port Richey FL
Zip: 34652 County: Pasco

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3646649
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: James M Wilson
Street Address (P.O. Box Number is Not Acceptable)
8932 Crescent Forest Blvd
City: New Port Richey FL Zip Code: 34654

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	James M Wilson
STREET ADDRESS	8932 Crescent Forest Blvd
CITY-ST-ZIP	New Port Richey FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James M Wilson 4/18/02 727-842-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #