


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90065 047 ***150.00

DOCUMENT #		P00000049855				Secretary of State	
1. Entity Name		JIM M. WILSON, INC.				01-24-2003 90065 047 ***150.00	
Principal Place of Business		3649 UNIVERSAL PLAZA NEW PORT RICHEY FL 34652		Mailing Address		3649 UNIVERSAL PLAZA NEW PORT RICHEY FL 34652	
2. Principal Place of Business		Suite, Apt. #, etc.		3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number		59-3646649	
Zip		Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WILSON, JAME M 8932 CRESCENT FOREST BLVD. NEW PORT RICHEY FL 34654				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD WILSON, JAMES M 8932 CRESCENT FOREST BLVD. NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 607, 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: _____				1-21-03 (27) 812-7744			