

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 014 ***150.00

DOCUMENT # P00000056350

1. Entity Name
J. TRACY WILKENS, P.A.



Principal Place of Business
**221 N.E. IVANHOE BLVD., STE. 200
ORLANDO FL 32804**

Mailing Address
**P.O. BOX 541527
ORLANDO FL 32854-1527**



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 **59-3651067**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILKENS, J. TRACY
221 N.E. IVANHOE BLVD., STE. 200
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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

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

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILKENS, J. TRACY**
STREET ADDRESS **221 N.E. IVANHOE BLVD., STE. 200**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
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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 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:

J. Tracy Wilkenson **J. Tracy Wilkenson** 5-13-03 407-898-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
90134914
P 00000056350
J. TRACY WILKENSON, P.A.
ATTORNEY AND COUNSELOR AT LAW

POST OFFICE BOX 541527
221 N.E. IVANHOE BOULEVARD
SUITE 200
ORLANDO, FLORIDA 32854-1527

TELEPHONE: (407) 898-5888
FACSIMILE: (407) 894-3088
E-MAIL: JWILKENSON@AOL.COM

Tuesday, May 13, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

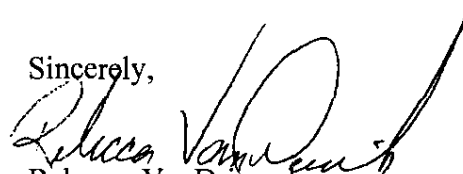
Re: Uniform Business Report

To whom it may concern:

Please find attached our 2003 Uniform Business Report (UBR) along with our payment of One Hundred Fifty Dollars (\$150.00). As explained in my telephone conversation with Scott, a representative of UBR, the report was misplaced after J. Tracy Wilkenson, P.A. moved his offices. The report was recently discovered and, as a result, we are Federal Expressing it to you.

Thank you in advance for your cooperation regarding the above and, should you have any questions, please do not hesitate to contact us.

Sincerely,


Rebecca VanDriessche

Encl.