2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 06, 2002 8:00 amg Secretary of State DOCUMENT # P00000062006 1. Entity Name 05-06-2002 90255 032 ***150.00 THOMAS EDWARD WILSON, INC. Principal Place of Business Mailing Address 4516 SW 21ST PLACE 4516 SW 21ST PLACE CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1024847 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, THOMAS EDWARD Street Address (P.O. Box Number is Not Acceptable) **4516 SW 21ST PLACE** CAPE CORAL FL 33914 City Zip Code FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE Change ☐ Addition NAME WILSON, THOMAS EDWARD NAME STREET ADDRESS 4516 SW 21ST PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #