

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065761

1. Entity Name

P.M. WILSON, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90929 047 ***150.00

Principal Place of Business

12090 W 99TH COURT
 BELLEVUE FL 34420

Mailing Address

12090 W 99TH COURT
 BELLEVUE FL 34420

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

59-3667390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, PATRICK J

12090 SE 90TH COURT
 BELLEVUE FL 34420

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.

SIGNATURE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 PTD
 WILSON, PATRICK J
 12090 SE 90 CT
 BELLEVUE FL 34420 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 VPSD
 WILSON, MAROLYN
 12090 SE 90 CT
 BELLEVUE FL 34420 ☐ Delete

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

TITLE
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TITLE
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 CITY-STATE-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: *X* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X MAROLYN X WILSON

Date

Daytime Phone #

4-80-02

CR2E034 (9/01)