

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 014 ***150.00

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DOCUMENT # P00000081426

1. Entity Name
J.D. WILSON TRANSPORT, INC.



Principal Place of Business
~~11098 FLUTTER TERRACE~~
~~INVERNESS FL 34452~~

Mailing Address
11098 FLUTTER TERRACE
INVERNESS FL 34452



2. Principal Place of Business

1770 SE 80th St
Suite, Apt. #, etc.

3. Mailing Address

1770 SE 80th St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala

City & State
Ocala FL

4. FEI Number 59-3680136

Applied For
Not Applicable

Zip Country
FL 34480

Zip Country
34480 USA

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

6. Name and Address of Current Registered Agent

WILSON, JACK D
11098 FLUTTER TERRACE
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1770 SE 80th St
City Ocala FL Zip Code 34480

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. ☐ \$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	D WILSON, JACK D 11098 FLUTTER TERRACE INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1770 SE 80th St Ocala FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack D Wilson **ADDITION REQUIRED**

3-28-2003 352-572-5182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)