

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90131 008 ***150.00

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DOCUMENT # P01000007837

1. Entity Name

MICHAEL P. WILSON & ASSOCIATES, INC.



Principal Place of Business

**15 SILVER PALM AVE.
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 2390
MELBOURNE FL 32902**



2. Principal Place of Business

321 SIXTH AVE

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

INDIANALANTIC FL

City & State

INDIANALANTIC FL

4. FEI Number

59-3695858

Applied For

☐ Not Applicable

Zip

32903

Country

USA

Zip

32903

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, MICHAEL P
2523 WATKINS DR.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **WILSON MICHAEL P.**

Street Address (P.O. Box Number is Not Acceptable)

321 SIXTH AVE

City **INDIANALANTIC**

FL

Zip **32903**

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

MICHAEL P. WILSON, President **2/21/03**

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 **PD** ☐ Delete
NAME **WILSON, MICHAEL P PHD**
STREET ADDRESS **2523 WATKINS DR.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **WILSON, MICHAEL P**
STREET ADDRESS **321 SIXTH AVE**
CITY-ST-ZIP **INDIANALANTIC FL 32903**

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

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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:

MICHAEL P. WILSON, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/03 3217330048

CR2E034 (10/02)