

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90143 049 \*\*\*150.00

**DOCUMENT # P01000011302**

**1. Entity Name**  
**WILSON CONSULTING, INC.**



**Principal Place of Business**  
**18509 LAKE SHORE DR.**  
**LUTZ FL 33549**

**Mailing Address**  
**18509 LAKE SHORE DR.**  
**LUTZ FL 33549**

**2. Principal Place of Business**

**1207 Chesapeake Dr.**  
Suite, Apt. #, etc.

**3. Mailing Address**

**1207 Chesapeake Dr.**  
Suite, Apt. #, etc.

**City & State**

**Odessa, FL**

**Zip**

**33556**

**Country**

**Hillsborough**

**City & State**

**Odessa, FL**

**Zip**

**33556**

**Country**

**Hillsborough**

**4. FEI Number**

**59-3699359**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILSON, BENJAMIN**  
**18108 PEREGRINES PERCH #301**  
**LUTZ FL 33558**

**Name**

**Wilson, Benjamin**

**Street Address (P.O. Box Numbers Not Acceptable)**

**1207 Chesapeake Dr.**

**City**

**Odessa**

**FL**

**Zip Code**

**33556**

**7. Name and Address of New Registered Agent**

**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**

**Ben A Wilson**

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

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**

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** **WILSON, BENJAMIN A**  
**STREET ADDRESS** **18509 LAKE SHORE DR.**  
**CITY-ST-ZIP** **LUTZ FL 33549**

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

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**NAME**  
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**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**

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**TITLE** ☐ Change ☐ Addition  
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**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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

**(813) 312-6629**

Date

Daytime Phone #

CR2E034 (10/02)