

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90486 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021155

1. Entity Name

LAW OFFICES OF BENJAMIN A. WILSON, P.A.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CARLA D
1201 S. ORLANDO AVE., SUITE 350
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Benjamin A. Wilson

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

18108 Pergine Park FL #30

City

Lutz

FL

Zip Code

33558

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)

3/8/02
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

TITLE President
NAME Benjamin A. Wilson
STREET ADDRESS 18108 Pergine Park FL #301
CITY-ST-ZIP Lutz FL 33558

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
Date

(813) 312-6629
Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 28, 2002

LAW OFFICES OF BENJAMIN A. WILSON, P.A.
18509 LAKE SHORE DR.
LUTZ, FL 33549

869413

Subject: LAW OFFICES OF BENJAMIN A. WILSON, P.A.

Reference Number: P01000021155

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

Above corrections have
been made.

/rg

ANNUAL REPORTS SECTION

TK
Ben

P.S. I have issued a new
check.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314