

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-04-2003 90074 043 ***150.00

044312 AV

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

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

3. Mailing Address

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

City & State

Odessa, FL

City & State

Odessa, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33556

Country

Hillsborough

Zip

33556

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON, BENJAMIN
18108 PERGRINO PERCH PL. #30
LUTZ FL 33558**

7. Name and Address of New Registered Agent

Name

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

City

Odessa

FL

Zip Code

33556

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 the agent's address

(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

TITLE **P** ☐ Delete
NAME **WILSON, BENJAMIN A**
STREET ADDRESS **15108 PERGRINO PEARCH PL #301**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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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
Ben A. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

(813)-312-6629

Daytime Phone #

CR2E034 (10/02)