

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90193 015 ***150.00

DOCUMENT # P01000087810

1. Entity Name
WILKESON DESIGN ASSOCIATES, INC.



Principal Place of Business
**238 E DAVIS BLVD SUITE 207
TAMPA FL 33606**

Mailing Address
**238 E DAVIS BLVD SUITE 207
TAMPA FL 33606**



2. Principal Place of Business

3. Mailing Address

5307 E. Fletcher Ave

5307 E. Fletcher Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa FL

4. FEI Number

59-3746336

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33617

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORES, JEANETTE M
ONE HARBOUR PLACE
777 HARBOUR ISLAND BLVD 5TH FLOOR
TAMPA FL 33602**

Name

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

City

FL

Zip Code

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

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 **P** ☐ Delete
NAME **WILKESON, FAYE J**
STREET ADDRESS **238 E. DAVIS BLVD. STE 207**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME **Wilkeson, Faye J**
STREET ADDRESS **5307 E. Fletcher Ave**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

1/17/03

813-988-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #