

**02-03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P01000102220**

03 JUN 12 AM 7:59

1. Entity Name

**WILSON 51 MOVING & STORE, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2506 MARTINWOOD DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**2506 MARTINWOOD DRIVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number

**59-3752735**

Applied For  
 Not Applicable

Zip  
**32808**

Country  
**USA**

Zip  
**32808**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name **L. SANDER THORPE**

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

**6327 PINEY GLEN LN**

City **ORLANDO**

**FL**

Zip Code  
**32819**

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when transferring)

**3/15/03**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 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 NAME STREET ADDRESS CITY-STATE-ZIP	<b>PRESIDENT FRANK WILSON 2506 MARTINWOOD DRIVE ORLANDO, FL 32808</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>600020810776 06/12/03--01083--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>600020810776 06/12/03--01083--007 **150.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/03**

DATE

Telephone (Area #)

*26/17*

March 25, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

**Re: WILSON 51 MOVING & STORE, INC**  
**Document No. P01000102220**

We enclose herewith the Uniform Business Report for the year 2002 along with the fee of One Hundred and Fifty Dollars (\$150.00). Our mail was rerouted incorrectly, and we never received our Uniform Business Report. Our Accountant recently made us aware that we had not submitted our Uniform Business Report for the year 2002, which we enclose.

We realize that this report is late in coming and request an abatement of any associated penalties. Again, we apologize for the delay and assure you that this will not happen again.

Respectfully,

A handwritten signature in black ink, appearing to read 'Frank Wilson', is written over a faint, circular official stamp.

**Frank Wilson**  
**President**