

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90290 017 ***550.00

DOCUMENT # P01000108204

1. Entity Name
PETER O. WILSON INC



Principal Place of Business
**116 PRIVATEER CT.
JUPITER FL 33458**

Mailing Address
**116 PRIVATEER CT.
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

4507 SW Cruden Bay Ct

8507 SW CRUDEN BAY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip
34997

Country

USA

Zip
34997

Country

USA

4. FEI Number **80-0004362**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, PETER O
116 PRIVATEER CT
JUPITER FL 33458**

Name
PETER O WILSON
Street Address (P.O. Box Number is Not Acceptable)
8507 SW CRUDEN BAY CT
City
STUART FL Zip Code
34997

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

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

PETER O. WILSON

08/8/2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILSON, PETER O
116 PRIVATEER C.T
JUPITER FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WILSON, PETER O
8507 SW CRUDEN BAY CT
STUART FL 34997** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Peter O Wilson
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/03

772.219.7352

Date

Daytime Phone #

CR2E034 (4/03)