

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90129 023 ***150.00

DOCUMENT # P01000121470

1. Entity Name
WALTER C. WILSON, III, P.A.



Principal Place of Business
152 CYPRESS WAY EAST, #9
NAPLES FL 34108

Mailing Address
152 CYPRESS WAY EAST, #9
NAPLES FL 34108



2. Principal Place of Business
11061 Corsia Trieste Way #203

3. Mailing Address
11061 Corsia Trieste Way #203

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.
#203

☐ CHECK HERE IF MAKING CHANGES

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
80-0023896

Applied For
☐ Not Applicable

Zip Country
34135 USA

Zip Country
34135 USA

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

6. Name and Address of Current Registered Agent

WILSON, WALTER III
152 CYPRESS WAY EAST, #9
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11061 Corsia Trieste Way, #203
City
Bonita Springs FL Zip Code
34135

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D WILSON, WALTER C III ☐ Delete
152 CYPRESS WAY EAST, #9
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director ☒ Change ☐ Addition
Wilson, Walter C, III
11061 Corsia Trieste Way, #203
Bonita Springs, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 234-596-3349
Date Daytime Phone #

CR2E034 (10/02)