

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

053618 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -5 AM 8:00



☒ CHECK HERE IF MAKING CHANGES *MRS*

DOCUMENT # **P02000026375**
1. Entity Name
WILSON AND WILSON GENERAL CONTRACTORS, INC.



Principal Place of Business
**543 107TH AVE N
NAPLES FL 34108**

Mailing Address
**543 107TH AVE N
NAPLES FL 34108**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILSON, HAROLD D
543 107TH AVE N
NAPLES FL 34108**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	WILSON, HAROLD D	<input type="checkbox"/> Delete		800025968668	
STREET ADDRESS	543 107TH AVE N			01/05/04--01014--021 **61.25	
CITY-ST-ZIP	NAPLES FL 34108				
V	WILSON, CHADRIK	<input type="checkbox"/> Delete			
STREET ADDRESS	543 107TH AVE N				
CITY-ST-ZIP	NAPLES FL 34108				
		<input type="checkbox"/> Delete		T Gregory Soriano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				83a Palm View Dr	
		<input type="checkbox"/> Delete		Naples, FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harold D Wilson* **12/26/03** **239 571-7430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)