

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009910

1. Entity Name

WILSON YACHT SALES, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90072 003 \*\*\*158.75

Principal Place of Business

Mailing Address

11595 KELLY ROAD  
#207  
FT. MYERS FL 33908  
US

~~5664 NATOMA DRIVE~~  
7236 SWAN  
FT. MYERS FL 33919-7007  
US

80016640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number 65-0386568

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 300  
FORT MYERS FL 33919

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WILSON, EDWARD  
STREET ADDRESS ~~5664 NATOMA DRIVE~~  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7236 SWAN LAKE DRIVE  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME WILSON, SUSAN R  
STREET ADDRESS ~~5664 NATOMA DRIVE~~  
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7236 SWAN LAKE DRIVE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Renee Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN RENEE WILSON

2/3/00

941 433 5140

Date

Daytime Phone #

CR2E034 (9/99)