

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90240 037 ***150.00

DOCUMENT # P93000027338

1. Entity Name

ANTHONY B. WILSON, INC.

Principal Place of Business

**7450 CHAPMAN FIELD DRIVE
 MIAMI FL 33156**

Mailing Address

**7450 CHAPMAN FIELD DRIVE
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0466341

Applied For

Not Applicable

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

**ALBERT W. GUFFANTI, P.A.
 2701 S. BAYSHORE DRIVE STE 402
 MIAMI FL 33133**

Name

ALBERT W. GUFFANTI PA.

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

7450 CHAPMAN Field Drive

City

MIAMI

FL

Zip Code

33156

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, 2001 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 ☐ Delete
 NAME **T**
 STREET ADDRESS **WILSON, ANN M**
 CITY-ST-ZIP **7450 CHAPMAN FIELD DR
 MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME **Secretary - Treasurer**
 STREET ADDRESS **ANN M. Wilson**
 CITY-ST-ZIP **7450 Chapman Field Drive
 MIAMI, FL. 33156**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **WILSON, ANTHONY B**
 CITY-ST-ZIP **7450 CHAPMAN FIELD DR
 MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

305-251-9123

Daytime Phone #

CR2E034 (10/00)