

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90028 001 ***550.00

DOCUMENT # P94000017642

1. Entity Name

WILSON GREEN DEVELOPMENT, INC.

Principal Place of Business

**1002 GARDENIA DR
 TALLAHASSEE FL 32312-3004
 US**

Mailing Address

**1002 GARDENIA DR
 TALLAHASSEE FL 32312-3004
 US**

00057600



DO NOT WRITE IN THIS SPACE

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 **59-3238800**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, DOROTHY C
 1002 GARDENIA DR
 TALLAHASSEE FL 32312-3004**

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.

SIGNATURE

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

(None 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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WILSON, WILLIAM H | |
| STREET ADDRESS | 1002 GARDENIA DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312-3004 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WILSON, DOROTHY C | |
| STREET ADDRESS | 1002 GARDENIA DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WILSON, WILLIAM H JR. | |
| STREET ADDRESS | 1002 GARDENIA DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | LEE-WILSON, MARY MARGARET | |
| STREET ADDRESS | C/O 1002 GARDENIA DR. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

Dorothy C. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-2001

Date

385-1476

Daytime Phone #

CR2E034 (10/00)

0028667