

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

07-04-2002 90547 035 \*\*\*\*70.00  
P94000056808

02 JUL 22 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056808**

1. Entity Name

**R. L. WILSON PLUMBING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4750 BAYLINE DR.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 3614**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**N. FT. MYERS FL**

City & State

**N. FORT MYERS FL**

Zip

**33917**

Country

**LEE**

Zip

**33918**

Country

**LEE**

4. FEI Number

**65-0512219**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**LINDA M. BARRETT**

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

**901 ANSIN ST**

City

**PUNTA GORDA**

FL

Zip Code

**33950**

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

**LINDA BARRETT**

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

**Linda Barrett**

(NOTE: Registered Agent signature required when reinstating)

**7-18-02**

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**  
NAME **PRESIDENT**  
STREET ADDRESS **JOHNNY L. BARRETT**  
CITY-STATE-ZIP **901 ANSIN ST**  
**PUNTA GORDA FL 33950**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **V**  
NAME **VICE-PRESIDENT**  
STREET ADDRESS **LINDA BARRETT**  
CITY-STATE-ZIP **901 ANSIN ST**  
**PUNTA GORDA FL 33950**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Linda Barrett**

**LINDA BARRETT**

**6-26-02**

**941-656-0053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)