

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020009

1. Entity Name

WILSON CONSTRUCTION INDUSTRIES, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90024 038 \*\*\*150.00

Principal Place of Business

Mailing Address

2153 NEWBERRY RD.  
JACKSONVILLE FL 32218

2153 NEWBERRY RD.  
JACKSONVILLE FL 32218-5327

4649 Golden Spike Ct.  
JAX, FL. 32257

4649 Golden Spike Ct.  
JAX, FL. 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373436

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

WILSON, JANIE B  
2153 NEWBERRY RD.  
JACKSONVILLE FL 32218

Name

SARA WILSON

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

6194 CR. 18

HAMPTON, FL.

City

FL

Zip Code

32044

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  
NAME WILSON, JOESPH D  
STREET ADDRESS 2153 NEWBERRY RD.  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE JOSEPH D. WILSON ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4649 Golden SPIKE CT.  
CITY-ST-ZIP Jacksonville, Fla. 32257

TITLE VP  
NAME WILSON, RONALD D.  
STREET ADDRESS 2153 NEWBERRY RD.  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE RONALD D. WILSON ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6194 CR 18  
CITY-ST-ZIP HAMPTON, Fla 32044

TITLE D  
NAME WILSON, H. CLAY  
STREET ADDRESS 6194 CR. 18  
CITY-ST-ZIP HAMPTON FL ☐ Delete

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

TITLE D  
NAME CARSWELL, BETINA J.  
STREET ADDRESS 5949 SE 4TH AVE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Delete

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

TITLE D  
NAME HARRISON, KATHY L.  
STREET ADDRESS 2153 NEWBERRY RD.  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

TITLE D  
NAME WILSON, JAN P.  
STREET ADDRESS 6194 CR. 18  
CITY-ST-ZIP HAMPTON FL ☐ Delete

TITLE JAN P. WILSON ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 46, HAMPTON FL 32044  
CITY-ST-ZIP 6194 CR 18

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:

Ronald D. Wilson V.P.

Date

Daytime Phone #

3-21-00 904-268-2200

CR2E034 (9/99)