

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91010 028 ***150.00

DOCUMENT # P96000020009

1. Entity Name

WILSON CONSTRUCTION INDUSTRIES, INC.

Principal Place of Business

**4649 GARDEN SPIKE CT
JACKSONVILLE FL 32257**

Mailing Address

**4649 GARDEN SPIKE CT
JACKSONVILLE FL 32257**

2. Principal Place of Business

6000000000

Suite, Apt. #, etc.

6196 CR 18

City & State

HAMPTON Florida

Zip

32044

Country

U.S.A.

3. Mailing Address

P.O. Box 208

Suite, Apt. #, etc.

City & State

HAMPTON FL USA

Zip

32044

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3373436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, SARA
69194 CR 18
HAMPTON FL 32044**

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.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JOESPH D	
STREET ADDRESS	2153 NEWBERRY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, RONALD D.	
STREET ADDRESS	2153 NEWBERRY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, H. CLAY	
STREET ADDRESS	6194 CR. 18	
CITY-ST-ZIP	HAMPTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSWELL, BETINA J.	
STREET ADDRESS	5949 SE 4TH AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, KATHY L.	
STREET ADDRESS	2153 NEWBERRY RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JAN P.	
STREET ADDRESS	6194 CR. 18	
CITY-ST-ZIP	HAMPTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JOSEPH D. Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4649 Golden SPIKE CT.	
STREET ADDRESS	JACKSONVILLE, Fla. 32257	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Wilson VP

Date

4-28-01

Daytime Phone #

(352)

475-5913

CR2E034 (10/00)