

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075254

1. Entity Name

WILSON MARKETING, INC.

Principal Place of Business

Mailing Address

1855 EAGLE'S REST DRIVE  
APOPKA FL 32712

1855 EAGLE'S REST DRIVE  
APOPKA FL 32712

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 59-3399637

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

WILSON, BRUCE H  
1855 EAGLE'S REST DRIVE  
APOPKA FL 32712

Name

BAUMGARDNER, JR., WILLIAM L.

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

2151 E. SEMORAN BLVD.

City

APOPKA

FL

Zip Code

32703

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

*William L. Baumgardner, Jr.*

(NOTE: Registered Agent signature required when reinstating)

4-30-2001

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		<input type="checkbox"/> Delete
NAME	WILSON, BRUCE H	
STREET ADDRESS	1855 EAGLE'S REST DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WILSON, KIMBERLY J	
STREET ADDRESS	1855 EAGLE'S REST DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	BAUMGARDNER, JR., WILLIAM L	
STREET ADDRESS	2151 E. SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMGARDNER, ANNA K.	
STREET ADDRESS	2151 E. SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMGARDNER, BRIAN J.	
STREET ADDRESS	2151 E. SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004483833--9	
STREET ADDRESS	-07/18/01--01012--020	
CITY-ST-ZIP	***1128.75 *****8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004483833--9	
STREET ADDRESS	-07/18/01--01012--022	
CITY-ST-ZIP	***150.00 ***150.00	
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 empowered.

SIGNATURE:

*William L. Baumgardner, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001

Date

407-295-5009

Daytime Phone #

0044573

CR2E034 (10/00)

APPROVED  
AND  
FILED

01 MAY 24 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FL 32304



DO NOT WRITE IN THIS SPACE

*mw*