

2002 UNIFORM BUSINESS REPORT (UBR)

0070944 AV

DOCUMENT # P96000075254

1. Entity Name
WILSON MARKETING, INC.

FILED

02 DEC 27 AM 7:24

Principal Place of Business

1855 EAGLE'S REST DRIVE
APOPKA FL 32712

Mailing Address

1855 EAGLE'S REST DRIVE
APOPKA FL 32712

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

2151 E SEMORAN BLVD
Suite, Apt. #, etc.

3. Mailing Address

2151 E SEMORAN BLVD
Suite, Apt. #, etc.

REINSTATEMENT 02

City & State
APOPKA FL

Zip Country
32703

City & State
APOPKA FL

Zip Country
32703

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

BAUMGARDNER, WILLIAM L JR
2151 E SEMORAN BLVD
APOPKA FL 32703

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 *W. Baumgardner, Jr.*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, BRUCE H 1855 EAGLE'S REST DRIVE APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARDNER, WILLIAM L JR 2151 E SEMORAN BLVD APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMGARDNER, ANNA K 2151 E SEMORAN BLVD APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUMGARDNER, BRIAN J 2151 E SEMORAN BLVD APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President 1151 NATHAN WAY Ormond Beach FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500009705385 12/27/02--01009--012 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUMGARDNER, BRIAN J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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: *W. Baumgardner, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 (704) 944-7600
Date Daytime Phone #

CR2E034 (9/01)