

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029770

1. Entity Name

ROGER WILSON, INC.

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

04-24-2000 90061 007 \*\*\*150.00

Principal Place of Business 21260 BRINSON AVENUE SUITE 112 PORT CHARLOTTE FL 33952	Mailing Address 3451 QUEENS STREET SUITE 121 SARASOTA FL 34232-6612
---	--

2. Principal Place of Business 5611 Wilde Oak Way Suite, Apt. #, etc.	3. Mailing Address 5611 Wilde Oak Way Suite, Apt. #, etc.
---	---

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 65-0745787	Applied For <input type="checkbox"/> Not Applicable
Zip 34232	Country USA	Zip 34232	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILSON, ROGER 21260 BRINSON AVENUE SUITE 112 PORT CHARLOTTE FL 33952	7. Name and Address of New Registered Agent Name Wilson, Roger Street Address (P.O. Box Number is Not Acceptable) 5611 Wilde Oak Way City Sarasota FL Zip Code 34232
--	---

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WILSON, ROGER 3451 QUEENS STREET, #121 SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5611 Wilde Oak Way Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, HERMAN 21260 BRINSON AVENUE, #112 PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST Wilson, Roger 5611 Wilde Oak Way Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)