

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031945

1. Entity Name

WILSON ASSESSMENT CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 047 ***158.75

Principal Place of Business

635 S ORANGE AVE
#16
SARASOTA FL 34236
US

Mailing Address

635 S ORANGE AVE
#16
SARASOTA FL 34233-2514
US

2. Principal Place of Business

c/o Wilson

3. Mailing Address

c/o Wilson

Suite, Apt. #, etc.

3260 Pine Valley Dr.

Suite, Apt. #, etc.

3260 Pine Valley Dr.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34239

Country

Sarasota

Zip

34239

Country

Sarasota

4. FEI Number

65-0750928

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M ESQ.
1800 SECOND STREET
SUITE 880
SARASOTA FL 34236

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

Thomas M. Fitzgibbons

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, NED B	
STREET ADDRESS	4411 BEE RIDGE ROAD, #592	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KRUEGER, MICHELLE	
STREET ADDRESS	4641 FALCON RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEERY, MICHAEL	
STREET ADDRESS	4641 CREEK SHEA PL	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEFF, RAYMOND	
STREET ADDRESS	3924 SPYGLASS HILL	
CITY-ST-ZIP	SARASOTA FL 34238	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Thomas M. Fitzgibbons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

941-954-2836

Daytime Phone #

C0047454



DO NOT WRITE IN THIS SPACE