

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90330 050 ***158.75

DOCUMENT # P97000031945

1. Entity Name

WILSON ASSESSMENT CORP.

Principal Place of Business

**C/O WILSON
 3260 PINE VALLEY DR
 SARASOTA FL 34239
 US**

Mailing Address

**C/O WILSON
 3260 PINE VALLEY DR
 SARASOTA FL 34239
 US**

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

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.

Ned B. Wilson, President
 (NOTE: Registered Agent signature required when reinstating)

3/14/2002
 DATE

MW

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 ☐ Delete
 NAME **PD WILSON, NED B**
 STREET ADDRESS **4411 BEE RIDGE ROAD, #592**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME **STD KRUEGER, MICHELLE**
 STREET ADDRESS **4641 FALCON RIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME **VD SEERY, MICHAEL**
 STREET ADDRESS **4641 CREEK SHEA PL**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
 NAME **VD NEFF, RAYMOND**
 STREET ADDRESS **3924 SPYGLASS HILL**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 460**
 CITY-ST-ZIP **Sarasota FL 34230**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ned B. Wilson, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2002
 Date

Daytime Phone #

CR2E034 (9/01)