

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037261

1. Entity Name

R. G. WILKINS & ASSOCIATES, INC.

Principal Place of Business

8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806

Mailing Address

8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WILKINS, RONALD G
8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WILKINS, RONALD G	8511 YORKSHIRE LANE	FORT MYERS FL 33919-1806	<input type="checkbox"/>
D	WILKINS, PATRICIA A	8511 YORKSHIRE LANE	FORT MYERS FL 33919-1806	<input type="checkbox"/>
D	WILKINS, R. DEAN	11220 ELMFIELD DRIVE	TAMPA FL 33625	<input type="checkbox"/>
D	WILKINS, ROSANNE	11220 ELMFIELD DRIVE	TAMPA FL 33625	<input type="checkbox"/>
D	CARR, WILLIAM J	29684 ALLISON CIRCLE	MADISON AL 35758	<input type="checkbox"/>
D	CARR, DAWN RENEE	29684 ALLISON CIRCLE	MADISON AL 35758	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5814 ARBOR WALK LANE	TAMPA, FL 33624-7032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5814 ARBOR WALK LANE	TAMPA, FL 33624-7032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		206 ALDER BRANCH COURT	MADISON, AL 35757	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		206 ALDER BRANCH COURT	MADISON, AL 35757	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: RONALD G. WILKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

1-941-939-7032

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90150 034 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)