

2002 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.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0747129 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	WILKINS, RONALD G	
STREET ADDRESS	8511 YORKSHIRE LANE	
CITY-ST-ZIP	FORT MYERS FL 33919-1806	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, PATRICIA A	
STREET ADDRESS	8511 YORKSHIRE LANE	
CITY-ST-ZIP	FORT MYERS FL 33919-1806	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, R. DEAN	
STREET ADDRESS	5814 ARBOR WALK LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, ROSANNE	
STREET ADDRESS	5814 ARBOR WALK LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, WILLIAM J	
STREET ADDRESS	206 ALDER BRANCH COURT	
CITY-ST-ZIP	MADISON AL 35757	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, DAWN RENEE	
STREET ADDRESS	206 ALDER BRANCH COURT	
CITY-ST-ZIP	MADISON AL 35757	

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 reports 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 REQUIRED RONALD G. WILKINS 1/5/2002 (94) 939-7082

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90010 019 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)