

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90017 024 \*\*\*158.75

DOCUMENT # P97000037261

1. Entity Name

R. G. WILKINS & ASSOCIATES, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8511 YORKSHIRE LANE

Suite, Apt. #, etc.

3. Mailing Address

8511 YORKSHIRE LANE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0747129

Applied For

Not Applicable

Zip

33919-1806

Country

LEE

Zip

33919-1806

Country

LEE

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD G. WILKINS

Street Address (P.O. Box Number is Not Acceptable)

8511 YORKSHIRE LANE

City

FORT MYERS

FL

Zip Code

33919-1806

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	WILKINS, RONALD G.
STREET ADDRESS	8511 YORKSHIRE LANE
CITY-ST-ZIP	FORT MYERS, FL 33919-1806
TITLE	DIRECTOR
NAME	WILKINS, PATRICIA A.
STREET ADDRESS	8511 YORKSHIRE LANE
CITY-ST-ZIP	FORT MYERS, FL 33919-1806
TITLE	DIRECTOR
NAME	WILKINS, R. DEAN
STREET ADDRESS	5814 ARBOR WALK LANE
CITY-ST-ZIP	TAMPA, FL 33624-7032
TITLE	DIRECTOR
NAME	WILKINS, ROSANNE
STREET ADDRESS	5814 ARBOR WALK LANE
CITY-ST-ZIP	TAMPA, FL 33624-7032
TITLE	DIRECTOR
NAME	CARR WILLIAM J.
STREET ADDRESS	206 ALDER BRANCH COURT
CITY-ST-ZIP	MADISON, AL 35757
TITLE	DIRECTOR
NAME	CARR, DAWN RENEE
STREET ADDRESS	206 ALDER BRANCH COURT
CITY-ST-ZIP	MADISON, AL 35757

TITLE
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IN THIS SPACE**

12. 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 10 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

3/6/2004 (239) 939-7082  
Date Daytime Phone #

CR2E034B (12/02)