2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037261

1. Entity Name

R. G. WILKINS & ASSOCIATES, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90135 008 ***158.75

Principal Plac 8511 YORKSH FORT MYERS			Mailing Address 8511 YORKSHIRE LANE FORT MYERS FL 33919-1806			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0747129 Applied For Not Applicable	e	
Zip		Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
1481 1481A	DONALD 0			Name		-
WILKINS, RONALD G				Street Ad	dress (P.O. Box Number is Not Acceptable)	٦
8511 YORKSHIRE LANE FORT MYERS FL 33919-1806						\dashv
FORT MY	ERS FL 339	119-1806				
				City	FL Zip Code	-
8. The above	named entity	y submits this statement for	the purpose of changing its	registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept	1
the obligat	tions of regist	ered agent.				
SIGNATURE .						-{
0,0,1,1,0,1,2,1	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	re required when reinstating) DATE	
		! FEE IS \$150.00 3 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
Make Check	Payable to	Florida Department of	State		must Fund Contribution. Added to Fees	- 1
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10.		OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11]
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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 of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an artachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/18/2003 (139) 939-7082

CR2E034 (10/02