

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-22-2003 90135 008 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. 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	

11. 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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2003 (239) 939-7082

Date

Daytime Phone #

CR2E034 (10/02)