

2002 UNIFORM BUSINESS REPORT (UBR)

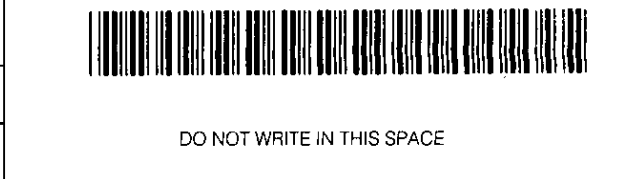
FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90029 005 ***150.00

DOCUMENT # P97000089622
1. Entity Name
WILSON SPRINGS, INC.

| | |
|---|---|
| Principal Place of Business 425 N MARION ST LAKE CITY FL 32055 | Mailing Address 425 N MARION ST LAKE CITY FL 32055 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



6. Name and Address of Current Registered Agent
WILSON, HUGH A
425 N MARION ST
LAKE CITY FL 32055

4. FEI Number 59-3482786
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete WILSON, HUGH A 425 N MARION ST LAKE CITY FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Delete WILSON, JAMES Y 2319 INGLEWOOD DRIVE LAKE CITY FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LOWERY, SUSON 2301 PARGOUD BLVD. MONROE LA 71201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD <input checked="" type="checkbox"/> Delete WILSON, HUGH A JR 425 N MARION ST LAKE CITY FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C <input checked="" type="checkbox"/> Delete BROWNING, THOMAS 30 N MARION AVENUE LAKE CITY FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILSON, HUGH A JR 425 N MARION ST LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PENNY W WEBER 361 30th p1 GAINESVILLE, FL 32605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOWERY, JAMES 2301 PARGOUD BLV MONROE, LA. 71201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILSON, JAMES Y 2319 INGLEWOOD DR. LAKE CITY, FL 32055 |

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: *Hugh A Wilson* **HUGH A WILSON** **3-16-02** **752 1236**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)