

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90241 037 ***150.00

DOCUMENT # P97000100999

1. Entity Name

WILSON & WILSON INDUSTRIES, INC.

Principal Place of Business

**703 VISTA VIEW CIRCLE
PORT ORANGE FL 32127**

Mailing Address

**703 VISTA VIEW CIRCLE
PORT ORANGE FL 32127**

2. Principal Place of Business

703 Vista View Circle

Suite, Apt. #, etc.

3. Mailing Address

703 Vista View Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32127-0906

Country

Volusia

Zip

32127-0906

Country

Volusia5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, RUFUS
703 VISTA VIEW CIR
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

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

City

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

Rufus L Wilson Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, RUFUS L SR	
STREET ADDRESS	703 VISTA VIEW CIRCLE	
CITY - ST - ZIP	PORT ORANGE FL 32127	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

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
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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 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

Rufus L Wilson Sr. CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

(904)322-3923

CR2E034 (10/00)