2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90053 040 ***150.00

DOCUMENT # P97000105402

1. Entity Name
L. ROBERT WILSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7330 SW 75TH STREET GAINESVILLE FL 32608-6109	7330 SW 75TH STREET GAINESVILLE FL 32608-6109

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9022 FOMENTO BAY	9022 FOMENTO BAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33436 Country: PALM BEACH	Zip: 33436 Country: PALM BEACH

4. FEI Number 65-0800005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, L. ROBERT 7330 SW 75TH STREET GAINESVILLE FL 32608-6109	Name Street Address (P.O. Box Number is Not Acceptable): 9022 FOMENTO BAY City: BOYNTON BEACH, FL **FL** Zip Code: 33436

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: L. Robert Wilson L. ROBERT WILSON 4/22/03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, L. ROBERT 7330 SW 75 STREET GAINESVILLE FL 32608-6109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9022 FOMENTO BAY BOYNTON BEACH, FL 33436	☑ Change ☐ Addition
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CR2E034 (10/02)

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: L. ROBERT WILSON L. ROBERT WILSON 4/22/03 (561) 736-1806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #