

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 033 ***150.00

DOCUMENT # **P98000003112**

1. Entity Name

LARRY Wilson Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 SW 19TH AVE

Suite, Apt. #, etc.

3. Mailing Address

204 SW 19TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

59-3490988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEBORAH CERNINARO

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

475 CENTRAL AVE

MEZZANINE, SUITE 2

City

ST. PETERSBURG

FL

Zip Code

33701

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	PRESIDENT LARRY B. Wilson 204 SW 19TH AVE. FORT LAUDERDALE, FL 33312
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Larry B. Wilson** **LARRY B. Wilson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2002

Date

954-463-4610

Daytime Phone #

CR2E034B (12/01)