

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90068 009 ***150.00

DOCUMENT # P98000009667

1. Entity Name
WILSON APARTMENTS, INC.

Principal Place of Business

3142 NORTHSIDE DRIVE STE. 201
KEY WEST FL 33040

Mailing Address

3142 NORTHSIDE DRIVE STE. 201
KEY WEST FL 33040

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

65-0808849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JEFFREY E
3142 NORTHSIDE DRIVE STE. 201
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **KENNETH D. WARDLOW**

Street Address (P.O. Box Number is Not Acceptable)
3142 NORTHSIDE DR STE 201

City **KEY WEST**

FL

Zip Code **33040**

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]*

PRESIDENT/TREASURER

1/24/02

(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)

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 **P/T** ☐ Delete
 NAME **WARDLOW, KENNETH D**
 STREET ADDRESS **3142 NORTHSIDE DRIVE STE. 201**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **T** ☒ Delete
 NAME **ALLEN, JEFFREY E**
 STREET ADDRESS **3142 NORTHSIDE DRIVE STE. 201**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **V** ☒ Delete
 NAME **JOLLY, MICHAEL M**
 STREET ADDRESS **1511 19TH STREET**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **S** ☐ Delete
 NAME **WARDLOW, WILLIAM R**
 STREET ADDRESS **1410 S. ROOSEVELT BLVD.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

305 298 9322

DATE

Daytime Phone #

CR2E034 (9/01)