

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90011 009 ***150.00

DOCUMENT # P98000064278

1. Entity Name

JOHN BERNARD WILSON, M.D., P.A.

Principal Place of Business

Mailing Address

~~3006 US HWY 19~~
~~HOLIDAY FL 34691~~
~~US~~

~~3006 US HWY 19~~
~~HOLIDAY FL 34691~~
 US

2. Principal Place of Business

6960 Burnt Sienna Cir.

3. Mailing Address

6960 Burnt Sienna Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL.

City & State

Naples

Zip

34109

Country

US

Zip

34109

Country

US

4. FEI Number

59-3523252

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, JOHN B

~~3006 US HWY 19~~
~~HOLIDAY FL 34691~~

**6960 Burnt Sienna Cir.
 Naples, FL. 34109**

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SPDT** ☐ Delete
 NAME **WILSON, JOHN B**
 STREET ADDRESS **2285 LAGOON DRIVE**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
 NAME **6960 Burnt Sienna Cir.**
 STREET ADDRESS **Naples, FL. 34109**
 CITY-ST-ZIP **34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

John B Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)