

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064639

1. Entity Name

WILSON & HSL COMPANY, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**  
 04-12-2001 90545 037 \*\*\*158.75

0580778

Principal Place of Business

~~3000 HEATH ROAD~~ 1884 Dean Rd  
 JACKSONVILLE FL 32277  
 US 32216

Mailing Address

~~3000 HEATH ROAD~~ 1884 Dean Rd  
 JACKSONVILLE FL 32277  
 US 32216

2. Principal Place of Business

1884 Dean Rd

3. Mailing Address

1884 Dean Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

4. FEI Number

59-3525359

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, BERNARD A

~~3000 HEATH ROAD~~ 1884 Dean Rd  
 JACKSONVILLE FL 32277  
 32216

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

4/10/01

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

TITLE ~~D~~ ☒ Delete  
 NAME ~~TOWNES, HENRY~~  
 STREET ADDRESS ~~8756 FIFTH AVENUE~~  
 CITY-ST-ZIP ~~JACKSONVILLE FL 32208~~

TITLE ☐ Delete  
 NAME ~~ST~~ MILLER, LINDA L  
 STREET ADDRESS 8847 CAVENDER DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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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:

*Bernard A. Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01  
 Date

904 724-2011  
 Daytime Phone #

CR2E034 (10/00)