

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075482

1. Entity Name

WILCO DESIGN & ARCHITECTURE, INC.

Principal Place of Business

118 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

Mailing Address

118 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

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

65-0873234

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNN, WILSON  
118 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 registering)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirements 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 NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, LYNN 118 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Unfiled Form #

01 JUL 20 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80059625



DO NOT WRITE IN THIS SPACE

0161707

CR2E034 (10/00)

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**LYNN WILSON ASSOCIATES INTERNATIONAL**  
**116 ALHAMBRA CIRCLE, CORAL GABLES, FL. 33134**  
TELEPHONE (305) 442-4041 FACSIMILE (305) 443-4276

JULY 19, 2001

ATTN: MARQUITTA WILLIAMS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS REINSTATEMENT DIVISION  
409 EAST GAINES ST  
TALLAHASSEE, FL 32399

RE: ANNUAL REPORTS

P98000075482      WILCO DESIGN & ARCHITECTURE, INC.  
K24246              LYNN WILSON ASSOCIATES INTERNATIONAL, INC.

DEAR MS. WILLIAMS:

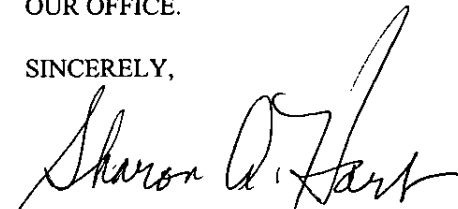
FIRST, ALLOW ME TO THANK YOU FOR YOUR TIME AND EFFORT TO ASSIST US TO COMPLETE OUR ANNUAL FILINGS. IT WAS A PLEASURE TO TALK TO YOU.

ENCLOSED YOU WILL FIND COPIES OF THE DOCUMENTS WE SENT VIA OVERNIGHT DELIVERY. THESE COPIES ARE FOR YOUR FILE. IF YOU NEED ANYTHING ELSE TO COMPLETE THE FILING OF THE TWO ABOVE REFERENCED REPORTS CALL ME.

ALL FOUR CHECKS SENT IN THE OVERNIGHT PACKAGE HAVE CLEARED OUR BANK ACCOUNT.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE FURTHER INFORMATION, CONTACT OUR OFFICE.

SINCERELY,

  
SHARON A HART

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**LYNN WILSON ASSOCIATES INTERNATIONAL**  
**116 ALHAMBRA CIRCLE, CORAL GABLES, FL. 33134**  
TELEPHONE (305) 442-4041 FACSIMILE (305) 443-4276

JUNE 28, 2001

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORTS  
409 EAST GAINES ST  
TALLAHASSEE, FL 32399

RE: ANNUAL REPORTS

S34085	LA PALMA RESTORATION CORP.
672034	CREATIVE ENVIRONS OF LYNN WILSON ASSOCIATES, INC.
P98000075482	WILCO DESIGN & ARCHITECTURE, INC.
K24246	LYNN WILSON ASSOCIATES INTERNATIONAL, INC.

GENTLEMEN:

WE ARE VERY CONCERNED THAT WE HAVE NOT RECEIVED OUR CERTIFICATES OF STATUS. SO WE HAVE INVESTIGATED FROM OUR SIDE.

WE HAVE NOT RECEIVED A SINGLE ONE OF THE CANCELLED CHECKS IN OUR BANK STATEMENTS. WE HAVE SUBSEQUENTLY STOPPED PAYMENT AND REISSUED CHECKS FOR THESE CORPORATIONS.

SINCE WE SENT THE GREEN FORMS ORIGINALLY THE LAST WEEK OF APRIL, WE NO LONGER HAVE THE ISSUED FORM TO SEND YOU. WE HAVE ENCLOSED ORIGINALLY SIGNED COPIES OF THE FORMS SO YOUR DEPARTMENT MAY COMPLETE THE PROCESSING PROCEDURE.

ADDITIONALLY, THESE FORMS AND CHECK HAVE BEEN SENT TO YOU VIA UPS RED LABEL OVERNIGHT SERVICE ON TRACKING NUMBER 1Z X33 886 22 1000 067 4.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE FURTHER INFORMATION, CONTACT OUR OFFICE.

SINCERELY,

LYNN WILSON, PRESIDENT