2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # **P98000077865** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name CLINT E. WILSON ENTERPRISES, INC. 04-19-2000 90025 026 ***150.00 Principal Place of Business Mailing Address 931 EAST KLOSTERMAN ROAD 931 EAST KLOSTERMAN ROAD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-3916 UACTIOLS 3. Mailing Address 2. Principal Place of Business SUNSET DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3536773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERMINO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 921 EAST KLOSTERMAN ROAD **TARPON SPRINGS FL 34689** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PS ☐ Addition TITLE TITLE ☐ Delete WILSON, CLINT 1969 SHNSET PT. NO. #12 NAME STREET ADDRESS STREET ADDRESS 931 EAST KLOSTERMAN ROAD CLEARWATER, PL. 33765 1969 SUNSET PT. RJ #12 CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 TITLE ☐ Delete TITLE WILSON, CLINT NAME NAME STREET ADDRESS 931 EAST KLOSTERMAN ROAD STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP ☐ Delete TITLE TITLE -WRIGHT, BARRY T NAME NAME STREET ADDRESS 931 KLOSTERMAN RD STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIF TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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