

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90026 029 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026175			
1. Entity Name A.C. WILSON, INC.			
Principal Place of Business 12988 NORTHWEST 15TH AVENUE BOCA RATON FL 33488		Mailing Address 12988 NORTHWEST 15TH AVENUE BOCA RATON FL 33488	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROMER, HOWARD 3850 HOLLYWOOD BLVD, STE 402 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent should be removed when changing)</small>			
9. This corporation is obligated to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ANTHONY C	NAME	
STREET ADDRESS	12988 NORTHWEST 15TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33488	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 or changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: <i>Anthony C. Wilson</i>		9/18/01 561 395 448	
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR		OFFICER, DIRECTOR	

C0077022



DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE \$50.00
 Early September 15, 2001 Fee \$50.00
 Make Check Payable to Department of State

(CV# 2104)