

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90151 030 ***150.00

DOCUMENT # P99000073998

1. Entity Name
R. E. WILSON BUILDING CONTRACTOR, INC.

Principal Place of Business

**5300 LAKE LIZZIE DR
 ST CLOUD FL 34771**

Mailing Address

**5300 LAKE LIZZIE DR
 ST CLOUD FL 34771**

2. Principal Place of Business

1260 PECAN ST.

3. Mailing Address

P.O. Box 700457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-3608185

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34770

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WILSON, ROBERT E
 5300 LAKE LIZZIE DR
 ST CLOUD FL 34771**

7. Name and Address of New Registered Agent

Name

WILSON ROBERT E

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

1260 PECAN ST.

City

Kissimmee, FL

FL

Zip Code

34744

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

Robert E. Wilson

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, 2002 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 **WILSON, ROBERT E**
 STREET ADDRESS **5300 LAKE LIZZIE DR**
 CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **WILSON ROBERT E**
 STREET ADDRESS **1260 PECAN ST**
 CITY-ST-ZIP **Kissimmee, FL 34744**

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

TITLE ☐ Change ☐ Addition
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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:

Robert E. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)