

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90035 048 \*\*\*150.00

**DOCUMENT # P99000100416**

1. Entity Name  
**WILSON ENTERPRISES, INC.**

Principal Place of Business 7960 NW 89TH LANE TAMARAC FL 33321	Mailing Address 7960 NW 89TH LANE TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**1301 Circle Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Dravosburg PA**

4. FEI Number  
**65-0965094**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**15034 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, ROBERT**  
**7960 NW 89TH LANE**  
**TAMARAC FL 33321**

Name  
**Robert W. Wilson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8046 Samibel Drive**  
 City  
**Tamarac FL** Zip Code  
**33321**

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 W. Wilson* **Robert W. Wilson, President** **2/18/02**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> <b>WILSON, ROBERT</b> 7960 NW 89TH LN TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>VP</b> <b>TIFFANY, CHRISTA E</b> 7960 NW 89TH LN TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 W. Wilson* **ROBERT WILSON** **2/5/02** **(954) 726-5200**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

20306200  
 AV

CR2E034 (9/01)