

# 2001 UNIFORM BUSINESS REPORT (JBR)

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90022 018 \*\*\*150.00

**DOCUMENT # P99000106038**

1. Entity Name

**JOSEPH M. WILKINSON & ASSOCIATES, INC.**

Principal Place of Business

~~3725 WEST GRACE STREET~~ *CHANGE*  
~~SUITE 510~~  
~~TAMPA FL 33607~~ *ADDRESS*  
**7013 DANWOOD CT**  
**TAMPA FL 33615**

Mailing Address

~~3725 WEST GRACE STREET~~ *CHANGE*  
~~SUITE 510~~  
~~TAMPA FL 33607~~ *ADDRESS*  
**P.O. 260818**  
**TAMPA FL 33685-0818**

2. Principal Place of Business

**P.O. 260818 DANWOOD CT**

3. Mailing Address

**P.O. 260818**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number

**59-3611666**

Applied For

Not Applicable

Zip

**33615**

Country

**HILLSBOROUGH**

Zip

**33685-0818**

Country

**HILLSBOROUGH**

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

**WILKINSON, JOSEPH M**

**3725 W GRACE ST #510**

**TAMPA FL 33607**

**7013 DANWOOD CT**  
**P.O. 260818**  
**TAMPA FL 33685-0818**  
**33615**

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

*Joseph M. Wilkinson*

(NOTE: Registered Agent signature required when reinstating)

**04-14-2001**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, JOSEPH M 3725 WEST GRACE STREET TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILKINSON, KAREN 3725 WEST GRACE STREET TAMPA FL 33607	<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	<del>PD JOSEPH M. WILKINSON P.O. 260818 TAMPA FL 33685-0818</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STD KAREN WILKINSON P.O. 260818 TAMPA FL 33685-0818</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD JOSEPH M. WILKINSON 7013 DANWOOD CT TAMPA FL 33615</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STD KAREN WILKINSON 7013 DANWOOD CT TAMPA FL 33615</del>	<input checked="" 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:

*Joseph M. Wilkinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-14-2001 813-890-3412**

Date

Daytime Phone #

CR2E034 (10/00)