

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90253 002 ***150.00

0440902 AV

DOCUMENT # P99000106038

1. Entity Name

JOSEPH M. WILKINSON & ASSOCIATES, INC.

Principal Place of Business

**7013 DANWOOD CT
TAMPA FL 33615**

Mailing Address

**P.O. BOX 260818
TAMPA FL 33685-0818**

2. Principal Place of Business

12510 ROYAL DUBLIN AVE

3. Mailing Address

P.O. 260818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

TAMPA FL

4. FEI Number

59-3611666

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33685-0818

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILKINSON, JOSEPH M
7013 DANWOOD CT
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **JOSEPH M. WILKINSON**

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

12510 ROYAL DUBLIN AVE

City **ODESSA**

FL

Zip Code **33556**

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
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH M. WILKINSON & ASSOC INC
(NOTE: Registered Agent signature required when reinstating)

4-1-02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, JOSEPH M 7013 DANWOOD CT TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILKINSON, KAREN 7013 DANWOOD CT TAMPA FL 33615	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH M. WILKINSON 12510 ROYAL DUBLIN AVE ODESSA FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAREN WILKINSON 12510 ROYAL DUBLIN AVE ODESSA FL 33556	<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
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 & ASSOC INC
JOSEPH M. WILKINSON & ASSOC INC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 813-792-0097

CF2E034 (9/01)