

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

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DOCUMENT #

1. Entity Name

P99000009734

WILKINSON EDDIE REALTY, P.A.

02 NOV 12 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

500008636595  
10/28/02--01122--009 \*\*150.00

2. Principal Place of Business

246 BLUE STONE CIR

3. Mailing Address

Suite, Apt. #, etc.

WTT

Suite, Apt. #, etc.

SA ME

DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, FL

City & State

4. FEI Number

59-3614120

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SP1egel & UTR CIA, PA

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

343 ALMERIA AVE

City

CONAL Gables

FL

Zip Code

33314

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Pres.
NAME	George Wilkinson
STREET ADDRESS	246 BLUE STONE CIR
CITY - ST - ZIP	Winter Garden, FL
TITLE	Vice Pres.
NAME	Susan Wilkinson
STREET ADDRESS	246 BLUE STONE CIR
CITY - ST - ZIP	Winter Garden, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

11/7/02

467 573  
2121

Date

Daytime Phone #

CR2E034B (12/01)

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246 Blue Stone Circle  
Winter Garden, FL 34787

Uniform Business Report  
Division of Corporations  
PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to you to advise you that my failure to pay annual URB fee of \$150.00 was due to not receiving this form. I was alerted to this fact when I received the notice of revocation today in the mail.

I have enclosed a check for \$150.00.

Yours truly,

A handwritten signature in dark ink, appearing to read "George Wilkinson".

George Wilkinson  
President