

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 021 ***150.00

DOCUMENT # V33941

1. Entity Name
WILSON ENGINEERED SYSTEMS, INC.

R

Principal Place of Business
 11497-2 COLUMBIA PK DRIVE W
 JACKSONVILLE FL 32258
 US

Mailing Address
 11497-2 COLUMBIA PARK DR W
 JACKSONVILLE FL 32258
 US

00010000



West DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 11497 Columbia Park Dr.W.

3. Mailing Address
 11497 Columbia Park Drive

4. Suite, Apt. #, etc.
 #2

5. Suite, Apt. #, etc.
 #2

6. City & State
 Jacksonville, FL

7. City & State
 Jacksonville, FL

8. FEI Number
 59-3127099

9. Applied For
 Not Applicable

10. Zip
 32258

11. Country
 USA

12. Zip
 32258

13. Country
 USA

14. 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

SKEELS, ROBERT A.
 2333 AZAELIA DR
 JACKSONVILLE BEACH FL 32250

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PST WILSON, THOMAS E. 1983 RALEY CREEK DR WEST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Wilson, Thomas E. 3281 Sequoyah Circle Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, THOMAS E. 1983 RALEY CREEK DR WEST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Thomas E. 3281 Sequoyah Circle Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(l), 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: *Thomas E. Wilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00 Date 904/880-0118 Daytime Phone #

CFR2034 (5/00)

Attachment Doc# V33941 DW78908 081400

WILSON ENGINEERED SYSTEMS, INC.

www.wilsonengineered.com

Corporate Office

11497 Columbia Park Drive West, Suite 2
Jacksonville, Florida 32258

Phone: (904) 880-0118 • Fax: (904) 880-0494

Central Florida Office

300 North County Road 427, Suite 206
Longwood, Florida 32750

Phone: (407) 834-7711 • Fax: (407) 834-2777

August 11, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500

RE: V33941 – Wilson Engineered Systems, Inc.

Enclosed is our annual report (uniform business report) for 2000. We are paying \$150.00 in response to the second notice we received. We believe we did not receive our first notice for whatever reason. If you will check our past history, you will see that we have always paid by the May 1 deadline. We would appreciate your accepting this as full payment for our 2000 renewal. Thank you.

Sincerely,



Cathy Wilson
Office Manager
904/880-0118