

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90065 048 ***150.00

DOCUMENT # V59858

1. Entity Name
WILSON'S CROWN TRADING CO.

Principal Place of Business
SUITE 103
5015 SOUTH FLORIDA AVENUE
LAKE LAND FL 33813

Mailing Address
SUITE 103
5015 SOUTH FLORIDA AVENUE
LAKE LAND FL 33813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3148835**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ALVIN W.
4523 SUGARTREE DR EW
LAKE LAND FL 33813

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 \$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 **D** ☐ Delete
NAME **WILSON, ALVIN W.**
STREET ADDRESS **5015 S. FLORIDA AVE.#103**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **P** ☒ Change ☐ Addition
NAME **WILSON ALVIN W.**
STREET ADDRESS **5015 S. FLORIDA AVE #103**
CITY-ST-ZIP **LAKE LAND, FL. 33813**

TITLE **D** ☒ Delete
NAME **WILSON, CAMILLE MUMPHREY**
STREET ADDRESS **5015 S. FLORIDA AVE.#103**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **WILSON ALVIN W JR.** ☒ Change ☐ Addition
NAME **5015 S. FLORIDA AVE.#103**
STREET ADDRESS **LAKE LAND, FL. 33813**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Alvin W. Wilson* **ALVIN W. WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-01
Date

863-646-6393
Daytime Phone #

CR2E034 (10/00)