

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000031945

FILED  
Apr 13, 2003  
Secretary of State

Entity Name: WILSON ASSESSMENT CORP.

## Current Principal Place of Business:

C/O WILSON  
3260 PINE VALLEY DR  
SARASOTA, FL 34239 US

## Current Mailing Address:

C/O WILSON  
3260 PINE VALLEY DR  
SARASOTA, FL 34239 US

## New Principal Place of Business:

C/O WILSON  
8242 CYPRESS HOLLOW DR.  
SARASOTA, FL 34238 US

## New Mailing Address:

C/O WILSON  
8242 CYPRESS HOLLOW DR.  
SARASOTA, FL 34238 US

FEI Number: 65-0750928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FITZGIBBONS, THOMAS M ESQ.  
1800 SECOND STREET  
SUITE 880  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, NED B  
Address: 4411 BEE RIDGE ROAD, #592  
City-St-Zip: SARASOTA, FL 34233

Title: STD ( ) Delete  
Name: KRUEGER, MICHELLE  
Address: 4641 FALCON RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete  
Name: SEERY, MICHAEL  
Address: 4641 CREEK SHEA PL  
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete  
Name: NEFF, RAYMOND  
Address: P O BOX 460  
City-St-Zip: SARASOTA, FL 34230

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILSON, NED B  
Address: 8242 CYPRESS HOLLOW DR.  
City-St-Zip: SARASOTA, FL 34238

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NED B. WILSON

PRES

04/13/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date