2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F49337

1. Entity Name

ALAN WILLIAMS AND ASSOCIATES, INC.

Principal Place of Business

2. Principal Place of Business

13700-1 Ben C. Pratt

Six Mile Cypress Pkwy

4091 COLONIAL BLVD SUITE #100

FT MYERS FL 33912

Suite, Apt. #, etc.

City & State

Ft.Myers,

33912

SIGNATURE

Mailing Address

4091 COLONIAL BLVD

SUITE #100

FT MYERS FL 33912

US

3. Mailing Address

<u> 13700-1 Ben C. Pratt</u>

Suite, Apt. #, etc.

Six Mile Cypress Pkwy City & State

Country

Ft.Myers, FL Zip Lee-

-33912=

Country

4. FEI Number

5. Certificate of Status Desired

59-2135948

Applied For Not Applicable

\$8.75 Additional

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

WILLIAMS, ALAN S. 4091 COLONIAL BLVD

SUITE #100 FT MYERS FL 33912

(See criteria on back)

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

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code FI

DATE

FILED

May 13, 2002 8:00 am Secretary of State

05-13-2002 90251 028 ***150.00

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01)☐ Change ☐ Addition WILLIAMS, ALAN S. NAME STREET ADDRESS 12781 MEADOW PINE LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP ☐ Delete TITLE (X) Change ☐ Addition NAME WILLIAMS, JEFFREY A NAME STREET ADDRESS 6049 MACBETH LANE STREET ADDRESS 17657 Boat Club Drive CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Ft.Myers, TITLE Delete TITLE NAME WILLIAMS, ESTHER W NAME STREET ADDRESS 12781 MEADOW PINE LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: