

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90902 001 *****8.75
05-12-2003 90902 002 *****61.25

33040125



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N02000004912					
1. Entity Name BRENDA A. WILLIAMS, INC.					
Principal Place of Business 2206 PATTERSON ST ORLANDO FL 32811			Mailing Address 2206 PATTERSON ST ORLANDO FL 32811		
2. Principal Place of Business 2206 Patterson			3. Mailing Address 2206 Patterson St		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando Fla.			City & State Orlando, Fla		
Zip 32811		Country Orange		Zip 32811	
				Country Orange	
4. FEI Number			Applied For ☒ Not Applicable		
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		
WILLIAMS, BRENDA A 4607 MOIRA ST ORLANDO FL 32811			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Brenda A. Williams</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Williams Brenda A.		NAME		
STREET ADDRESS	4607 moira st		STREET ADDRESS		
CITY-ST-ZIP	Orlando FLA 32811		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Reginald Williams		NAME		
STREET ADDRESS	4607 moira st		STREET ADDRESS		
CITY-ST-ZIP	Orlando Fla. 32811		CITY-ST-ZIP		
TITLE	Secretary	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Sharon Gaskin		NAME		
STREET ADDRESS	7620 Herrick Loop		STREET ADDRESS		
CITY-ST-ZIP	Orlando FLA 32835		CITY-ST-ZIP		
TITLE	Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lucretia Williams		NAME		
STREET ADDRESS	4601 moira st		STREET ADDRESS		
CITY-ST-ZIP	Orlando FLA 32811		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brenda A. Williams

(407) 842-1114