

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -1 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034940**
1. Entity Name
Williams & Sons Plastering, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1649 Salazar St SE
Suite, Apt. #, etc.

3. Mailing Address
1649 Salazar St SE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Bay FL

City & State
Palm Bay FL

Zip
32909 Country
USA

Zip
32909 Country
USA

4. FEI Number
59-3715346

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Sean Williams

Street Address (P.O. Box Number is Not Acceptable)
1649 Salazar St. SE

City
Palm Bay FL Zip Code
32909

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 *Sean Williams* **Sean Williams** **10-28-02**
Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Sean Williams 1649 Salazar St SE Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Scott Stepp 1649 Salazar St SE Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kevin Creel 1649 Salazar St SE Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Thonda Williams 1649 Salazar St SE Palm Bay FL 32909
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Handwritten initials</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sean Williams* **Sean Williams - P** **10-28-02** **321-722-5257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)