

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

0017594 AV

**DOCUMENT # P02000049463**

1. Entity Name  
**AK WILLIAMS TRUCKING, INC.**



09-10-2003 90051 001 \*\*\*550.00

Principal Place of Business  
**2592 SUNFISH ST  
ORLANDO FL 32839**

Mailing Address  
**2592 SUNFISH ST  
ORLANDO FL 32839**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3607168**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ANTHONY K  
2592 SUNFISH ST  
ORLANDO FL 32839**

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 *Anthony Williams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-2-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANTHONY K	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BARNES, MICHAEL C	
STREET ADDRESS	7120 STEIFFIE LN	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, CYNTHIA	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BARNES, MARIA	
STREET ADDRESS	7120 STEFFIE LANE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, PATRICK	
STREET ADDRESS	2592 SUNFISH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: *Anthony Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-2-03 407-928-0980**

Date

Daytime Phone #

CR2E034 (4/03)