

**2000 UNIFORM BUSINESS REPORT (UBR)**

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PA160000002552

**1. Entity Name**  
Kevin Williams Enterprises, Inc.

**Principal Place of Business**      **Mailing Address**  
14513 Goff Street  
Biloxi, MS 39532

**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**      **Applied For**  
59-3349817       Not Applicable

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

**6. Name and Address of Current Registered Agent**      **(V) Name and Address of New Registered Agent**

Kevin Williams  
14513 Goff Street  
Biloxi, MS 39532

Name **BARRY ENGEL**  
Street Address (P.O. Box Number is Not Acceptable)  
1250 S. HWY 1792 SUITE 120  
City **LONGWOOD**      **FL**      Zip Code **32750**

**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** *Kevin P. Williams*      **DATE** 10-9-00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)**            **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	President Kevin P. Williams 14513 Goff Street Biloxi, MS 39532 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 12 if changed, or on an attachment, with an address, with all other like empowered.**

99-00 UBR

CR2E034 (9/99)

LS

**SIGNATURE:** *Kevin P. Williams*      **DATE** 10-9-00      **Daytime Phone #** (228) 872-5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

20f2

Kevin Williams Enterprises, Inc.  
14513 Goff Street  
Biloxi, MS 39532

October 9, 2000

Florida Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed please find the 2000 Uniform Business Report for my corporation: Kevin Williams Enterprises, Inc., Federal ID # 59-3349817. In the last year, I have been primarily located in the state of Mississippi and never received my preprinted 2000 report. I have included a blank report filled out correctly along with a check for the original \$150.00, plus an additional \$8.75 for a Certificate of Status. <sup>300.00</sup>

If any additional information is needed, please call me at (228) 872-5727.

Thank you for your time,



Kevin Williams, President  
Kevin Williams Enterprises, Inc.