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DOCUMENT # PA7000009320

1. Entity Name Willis Industries Inc.

FILED

00 MAR -6 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5064 S University dr  
Davie FL 33328

2. Principal Place of Business Home  
3. Mailing Address 5064 S University dr

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State Davie FL City & State

Zip 33328 Country USA Zip Country

4. FEI Number 65-0765605 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Paul Willis  
5064 S University dr  
Davie FL 33328

7. Name and Address of New Registered Agent  
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.

SIGNATURE Robert Paul Willis

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

Table with 6 rows for Officers and Directors. Row 1: President, 5064 S University dr, Davie FL 33328.

Table with 6 rows for Additions/Changes to Officers and Directors. Row 1: President, Robert Paul Willis, 5064 S University dr, Davie FL 33328.

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.

SIGNATURE: Robert Paul Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Paul Willis 2-10-2000

Date (950) 830 1113 Daytime Phone #

CR2E034 (9/99)

KE

I moved last year and was not notified  
of the renewal fee, previously my  
accountant handled all the fees.

After calling the reinstatement division  
I was told to send in \$300 for both  
years

Paul Willis

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