

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90110 050 ***550.00

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DOCUMENT # P99000092585

1. Entity Name
WILLIAMS & ASSOCIATES FINANCIAL, INCORPORATED LX

Principal Place of Business: **3263 COBBS DRIVE, PALM HARBOR FL 34684**
 Mailing Address: **3263 COBBS DRIVE, PALM HARBOR FL 34684**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-3607767** 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: **BUSINESS FILINGS INCORPORATED, 1000 WEST AVENUE NO. 1114, MIAMI BEACH FL 33139-0000**

7. Name and Address of New Registered Agent:
 Name: **James Williams**
 Street Address (P.O. Box Number is Not Acceptable): **10220 US Highway 19, Suite 420**
 City: **Port Richey** FL Zip Code: **34668**

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: **James T. Williams** *[Signature]* **Notary Public** *[Signature]* **7-4-2001**
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. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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: D	NAME: WILLIAMS, JAMES T	TITLE:	NAME:
STREET ADDRESS: 3263 COBBS DRIVE	STREET ADDRESS: 3263 COBBS DRIVE	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP: PALM HARBOR FL 34684	CITY-ST-ZIP: PALM HARBOR FL 34684	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: D	NAME: WILLIAMS, MONICA A	TITLE:	NAME:
STREET ADDRESS: 3263 COBBS DRIVE	STREET ADDRESS: 3263 COBBS DRIVE	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP: PALM HARBOR FL 34684	CITY-ST-ZIP: PALM HARBOR FL 34684	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:	CITY-ST-ZIP:	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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JAMES T. WILLIAMS** **President** **7-4-2001** **727-771-8077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)