

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000092585

FILED
Jun 15, 2002 8:00 AM
Secretary of State

Entity Name: WILLIAMS & ASSOCIATES FINANCIAL, INCORPORATED

Current Principal Place of Business:

3263 COBBS DRIVE
PALM HARBOR, FL 34684

New Principal Place of Business:

10220 US HWY 19
SUITE 420
PORT RICHEY, FL 34668

Current Mailing Address:

3263 COBBS DRIVE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3607767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JAMES
10220 US HIGHWAY 19
SUITE 420
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JAMES T
Address: 3263 COBBS DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: WILLIAMS, MONICA A
Address: 3263 COBBS DRIVE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. WILLIAMS

MR

06/15/2002

Electronic Signature of Signing Officer or Director

_____ Date