

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15652

1. Entity Name
WILLIAM H. EADES & ASSOCIATES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90076 040 ***150.00

Principal Place of Business

9301 SW 41 TERR
MIAMI FL 33165
US

Mailing Address

9301 SW 41 TERRACE
MIAMI FL 33165
US

2. Principal Place of Business

9301 S.W. 41 TERR.

3. Mailing Address

9301 S.W. 41 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip
33165

Country
MIAMI DADE

Zip
33165

Country
MIAMI DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADES, JR. W H.
9301 S.W. TERR.
MIAMI FL 33165

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

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
PST
EADES, WILLIAM H.
9301 S.W. 41ST TERRACE
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: *William H. Eades Jr* William H. EADES JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-2001 223-6250
Date FAX (305) 559-6396

CR2E034 (10/00)