

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 009 ***550.00

DOCUMENT # 312235

1. Entity Name
BO WILLIAMS BUICK, INC.

Principal Place of Business

2060 S.W. S.R. 200
P.O. BOX 668
OCALA FL 32678

Mailing Address

2060 S.W. S.R. 200
P.O. BOX 668
OCALA FL 32678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2060 SW SR. 200

Suite, Apt. #, etc.

PO Box 668

City & State
OCALA FL.

Zip

34474

Country

USA

3. Mailing Address

2060 SW SR. 200

Suite, Apt. #, etc.

PO Box 668

City & State
OCALA FL.

Zip

34474

Country

USA

4. FEI Number **59-1157005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, R.S., III
2060 S.W. S.R. 200
OCALA FL 32674

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34474

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 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

TITLE **PD** ☐ Delete
NAME **WILLIAMS, R S (III)**
STREET ADDRESS **1520 SE 5TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
NAME **WILLIAMS, SARAH P.**
STREET ADDRESS **1520 SW 5TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☐ Delete
NAME **WILLIAMS-ALEXANDER, P**
STREET ADDRESS **2680 SW 50TH TERR**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/2002 **3526227201**
Date Daytime Phone #