


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90808 032 ***150.00

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DOCUMENT # 369371	
1. Entity Name G.J. WILLIAMS, INC.	

Principal Place of Business 6902 HAYTER DR LAKELAND FL 33813 US	Mailing Address 6902 HAYTER DR LAKELAND FL 33813 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-1302338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LIVENGOOD, BARBARA D 6902 HAYTER DR #1 LAKELAND FL 33813
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Barbara D. Liveness</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-28-03 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD NAME WILLIAMS, GERALD J STREET ADDRESS 1340 GOLDEN HILLS ROAD CITY-ST-ZIP COLORADO SPRINGS CO 80919	<input checked="" type="checkbox"/> Delete
TITLE SD NAME LIVENGOOD, BARBARA D STREET ADDRESS 6902 HAYTER DRIVE CITY-ST-ZIP LAKELAND FL	<input type="checkbox"/> Delete
TITLE ST NAME LIVENGOOD, BARBARA D STREET ADDRESS 602 HAYTER DRIVE CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE VPB NAME REAL, CATHERINE W STREET ADDRESS 2110 W PLATT ST CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME Real Catherine W STREET ADDRESS 2110 W. PLATT ST. CITY-ST-ZIP TAMPA, FL. 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Barbara D. Liveness</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-28-03 Daytime Phone # 863-646-9423
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CR2E034 (10/02)