

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 392547**1. Entity Name  
E.B. WILLIAMS, INC.**Principal Place of Business**

9389 HAMMAN ST

PENSACOLA  
32514

FL

**Mailing Address**

9389 HAMMAN ST

PENSACOLA  
32514

FL

**2. Principal Place of Business**

ELLYSON INDUSTRIAL PARK

**3. Mailing Address**

ELLYSON INDUSTRIAL PARK

**Suite, Apt. #, etc.**

9389 HAMMAN STREET

**Suite, Apt. #, etc.**

9389 HAMMAN STREET

**City & State**

PENSACOLA

FL

**City & State**

PENSACOLA

FL

**Zip**

32514

**Country**

US

**Zip**

32514

**Country**

US

**4. FEI Number**

59-1372646

**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**WILLIAMS, E.B., JR.  
9701 SANDPIPER DRIVEPENSACOLA  
32514

FL

US

**7. Name and Address of New Registered Agent****Name**

E. B. WILLIAMS, JR

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

9701 SANDPIPER DRIVE

City  
PENSACOLA

FL

Zip Code  
32514

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 **E. B. WILLIAMS, JR.****01/17/2001**

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.  
(See criteria on back) ☐**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**

TITLE	VST	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY F.	
STREET ADDRESS	9701 SANDPIPER DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, E.B., JR.	
STREET ADDRESS	9701 SANDPIPER DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARY F.	
STREET ADDRESS	9701 SANDPIPER DR.	
CITY-ST-ZIP	PENSACOLA FL 32514P	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, E.B., JR.	
STREET ADDRESS	9701 SANDPIPER DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: E. B. WILLIAMS, JR.**

P

01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)