

2002 UNIFORM BUSINESS REPORT (UBR)

0094041 AV

DOCUMENT # 604294

1. Entity Name
WILLIAMS & AIRTH, P.A.

FILED

02 MAY -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
28-42 W CENTRAL BLVD
STE 400
ORLANDO FL 32801
US

Mailing Address
P.O. BOX 3444
ORLANDO FL 32802
US

2. Principal Place of Business
Suite 401
City & State
ORLANDO, FL
Zip
32801
Country

3. Mailing Address
28-42 West Central Blvd
Suite 401
City & State
ORLANDO, FL
Zip
32801
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1454399
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, WARREN E.
28 WEST CENTRAL
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 401
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 WARREN E. WILLIAMS DATE 4-29-02
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WARREN E		NAME		
STREET ADDRESS	28 WEST CENTRAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		CITY-ST-ZIP		
TITLE	400	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRTH, W.C.J		NAME		
STREET ADDRESS	28 WEST CENTRAL BLVD		STREET ADDRESS	500005504495--7	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	-05/13/02--01006--003	
TITLE		<input type="checkbox"/> Delete	TITLE	***1041.25	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WARREN WILLIAMS DATE 4-29-02 DAYTIME PHONE # 407-425-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)