## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # 680137** 1. Entity Name WILLIAMS CONTRACTING, INC. 05-17-2000 90912 035 \*\*\*150.00 Principal Place of Business Mailing Address 1522 W PRINCETON ST 1522 W PRINCETON ST P.O. BOX 547454 P.O. BOX 547454 ORLANDO FL 32804 ORLANDO FL 32804-4814 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2006165 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, REX E 1524 ACROPOLIS CIR OCOEE FL 34761 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Res Sec. TREASURE, DIR. TITLE Delete TITLE MAUREEN S.WilliAMS WILLIAMS. REX E NAME NAME 1524 ACROPOLIS CIR 1524 ACROPOLIS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** VPS Change ☐ Addition ☐ Delete TITLE TITLE WILLIAMS, SUE NAME 1524 ACROPOUS CIR STREET ADDRESS STREET ADDRESS 1522 W PRINCETON ST CITY-ST-ZIP Desee. CITY-ST-ZIP ORLANDO FL 32804 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 acceptate 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 of the corporation or the receiver or trustee empowered to changed, or on an attact ment with an address with all other

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR