

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854749

1. Entity Name

WILLIAMS CONSTRUCTION MANAGEMENT, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90134 014 \*\*\*150.00

Principal Place of Business

Mailing Address

535 COLISEUM DRIVE (31201)  
P. O. BOX 4604  
MACON GA 31208-4604

535 COLISEUM DRIVE (31201)  
P. O. BOX 4604  
MACON GA 31208-4604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1031577

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	WILLIAMS, FLOYD B.	3711 EL DORADO DRIVE	MACON GA	<input type="checkbox"/>
SVP	JACKSON, H. MORRIS	859 WERA PLACE	MACON GA 31210	<input type="checkbox"/>
SD	WILLIAMS, CAROLYN C.	3711 EL DORADO DRIVE	MACON GA	<input type="checkbox"/>
P	WILLIAMS, M. TOL	116 ALABAMA AVE	MACON, GA 00000	<input type="checkbox"/>
VP	WILLIAMS, JAMES F.	2419 KINGLEY DRIVE	MACON GA	<input type="checkbox"/>
VP	GRANT, WES	4805 GRAFTON COURT	SUWANEE GA 30174	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		17 OLD BENTON ROAD	JULIETTE, GA 31046	<input type="checkbox"/>	<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOL WILLIAMS 3-28-00 912-746-1481

Date

Daytime Phone #

CR2E034 (9/99)