

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854749

1. Entity Name

WILLIAMS CONSTRUCTION MANAGEMENT, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90006 029 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

00013022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1031577**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **WILLIAMS, FLOYD B.**  
STREET ADDRESS **3711 EL DORADO DRIVE**  
CITY-ST-ZIP **MACON GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **31204**

TITLE **SVP** ☐ Delete  
NAME **JACKSON, H. MORRIS**  
STREET ADDRESS **859 WERA PLACE**  
CITY-ST-ZIP **MACON GA 31210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **WILLIAMS, CAROLYN C.**  
STREET ADDRESS **3711 EL DORADO DRIVE**  
CITY-ST-ZIP **MACON GA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **31204**

TITLE **P** ☐ Delete  
NAME **WILLIAMS, M. TOL**  
STREET ADDRESS **116 ALABAMA AVE**  
CITY-ST-ZIP **MACON, GA 00000**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4582 OXFORD CIRCLE**  
CITY-ST-ZIP **MACON GA 31210**

TITLE **VP** ☐ Delete  
NAME **WILLIAMS, JAMES F.**  
STREET ADDRESS **17 OLD BENTON ROAD**  
CITY-ST-ZIP **JULIETTE GA 31046**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **GRANT, WES**  
STREET ADDRESS **4805 GRAFTON COURT**  
CITY-ST-ZIP **SUWANEE GA 30174**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOL WILLIAMS 3-13-2001 478-746-1481**

Date

Daytime Phone #

CR2E034 (10/00)