

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001093

1. Entity Name

WILLIAMS PROPERTY LIMITED VEHICLES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:54

6/5/14

Principal Place of Business

1705-A EAST IDELL ST
APT A
TAMPA FL 33604

Mailing Address

1705-A EAST IDELL ST
APT A
TAMPA FL 33604



2. Principal Place of Business

3. Mailing Address

18523 CROOKED LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

LUTZ FL 33548

4. FEI Number

58-264162

Applied For

Not Applicable

Zip

Country

Zip

Country

33548

USA

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

CIMINO, FRANK JR
18523 CROOKED LANE
LUTZ FL 33549

Name

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

City

FL

Zip Code

33548

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.

3-1-02

DATE

9. Capital Contributions

\$500.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # PD1000030698
NAME WILLIAMS PROPERTY LIMITED, INC.
STREET ADDRESS 1705-A EAST IDELL ST APT A
CITY-ST-ZIP TAMPA FL 33604

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-02

8139460822

Date

Daytime Phone #

CR2E003 (9/01)