

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014159 AT

02 APR 19 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A99000002080

1. Entity Name

WILLIAMS 1999 LIMITED PARTNERSHIP

Principal Place of Business

2174 MCMULLEN ROAD  
LARGO FL 34641

Mailing Address

2174 MCMULLEN ROAD  
LARGO FL 34641

2. Principal Place of Business

9500 135th St

3. Mailing Address

9500 135th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Seminole FL

City & State

Seminole FL

4. FEI Number

59-3619491

Applied For

Not Applicable

Zip

33776

Country

USA

Zip

33776

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, MICHAEL F  
2174 MCMULLEN ROAD  
LARGO FL 34641

7. Name and Address of New Registered Agent

Name

Michael F. Williams

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

City

FL

Zip Code

33771

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.

DATE

9. Capital Contributions  
as Shown on record.

\$900.00

10. Amount of Capital Contributions  
in FLORIDA to date.

900.00

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

DOCUMENT #  
NAME WILLIAMS, MICHAEL F  
STREET ADDRESS 2174 MCMULLEN ROAD  
CITY-ST-ZIP LARGO FL 34641

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

Zip: 33771

STREET ADDRESS

CITY-ST-ZIP

200005362012--4

04/29/02 01021 010

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Michael F Williams 4/16/02 (727) 531-2244

Date

Daytime Phone #

CR2E003 (9/01)