2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

F26464 DOCUMENT

1. Entity Name

Principal Place of Business

RICHARD WILLIAMSON, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90069 018 ***150.00

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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP VILLIAMSON, RICHARD L 942 SE 5 ST OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CHANGE Addition	PO BOX 219 OCALA FL 3		PO BOX 2196 OCALA FL 32678		 		. *. ′ .		
City & State Country S. Certificate of Status Desired S. 75 Additional Fee Required. S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Simulation State Sirect Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature. Spend or priesd name of registered agent. Signature. Spend or priesd name of registered agent. Signature. Spendure, spend or priesd name of registered agent. Signature. Spendure, spend or priesd name of registered agent. Signature. Spendure, spend or priesd name of registered agent. Signature. Spendure, spend or priesd name of registered agent. Signature. Spendure, spend or priesd name of registered agent. NOTE Pagiestered Agent segment requised when renestating) Date Spendure. Spendure. Spendure requised when renestating) Date Spendure. Spendure requised when renestating) Date Spendure. Spendur	2. Principal F	Place of Business	3. Mailing Address	· · ·					
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required. SIMMONS, Y. J. 125 NE IST AVE., STE 1 OCALA FL 32670 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synutrue, typed or protect rame of registered agent and title if applicable. (NOTE Registered Agent synutrue required when reinstating) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIRRET ADDRESS OCALA FL 34471 Change Addition TILE MAME STRET ADDRESS OCALA FL 34471 Change Addition TILE MAME STRET ADDRESS OCALA FL 34471 Change Addition Change			Suite, Apt. #, etc.		☐ CHECK	☐ CHECK HERE IF MAKING CHANGES			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: