

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005125**

1. Entity Name

WILLIAMS & FUDGE, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90094 038 ***150.00

Principal Place of Business 452 LAKESHORE PARKWAY SUITE 240 ROCK HILL SC 29730 US	Mailing Address PO BOX 11590 ROCK HILL SC 29731
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2. Principal Place of Business 775 Addison Ave	3. Mailing Address
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 57-0826165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOLDSON, JERROLD WILLIAM M. GOLSON & ASSOCIATES 1230 SOUTH MYRTLE AVE. CLEARWATER FL 34618
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7. Name and Address of New Registered Agent
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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
Date: **1-17-01**
Daytime Phone #

CR2E034 (10/00)