

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90134 022 \*\*\*150.00

**DOCUMENT # G56898**

1. Entity Name

D.D. WILLIAMS INC.



Principal Place of Business

4111 PALOMA POINT COURT  
JACKSONVILLE FL 32217  
US

Mailing Address

4111 PALOMA POINT COURT  
JACKSONVILLE FL 32217  
US

2. Principal Place of Business

12727 MANDARIN ROAD

Suite, Apt. #, etc.

3. Mailing Address

12727 MANDARIN ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32223-1712

Country

US

Zip

32223-1712

Country

US

4. FEI Number

59-2310951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AKEL, DANIEL D ESQ  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS ☐ Delete  
NAME WILLIAMS, GLADYS  
STREET ADDRESS 4111 PALOMA POINT COURT  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE PT ☐ Delete  
NAME WILLIAMS, DONALD D  
STREET ADDRESS 4111 PALOMA POINT CT  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☒ Change ☐ Addition  
NAME WILLIAMS, GLADYS  
STREET ADDRESS 12727 MANDARIN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223-1712

TITLE PT ☒ Change ☐ Addition  
NAME WILLIAMS, DONALD D.  
STREET ADDRESS 12727 MANDARIN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32223-1712

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

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

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

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

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: Gladys K. Williams GLADYS WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

904-880-1306

Daytime Phone #

CR2E034 (10/02)