

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50494

1. Entity Name
WILLETT, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90105 033 ***150.00

Principal Place of Business
100 W. KENNEDY BLVD.
STE. 750
TAMPA FL 33602
US

Mailing Address
100 W. KENNEDY BLVD.
STE. 750
TAMPA FL 33602
US

2. Principal Place of Business

2907 Bay To Bay Blvd.

Suite, Apt. #, etc.
101

City & State
TAMPA FL

Zip
33629

Country
HILLS

3. Mailing Address

2907 Bay To Bay Blvd

Suite, Apt. #, etc.
101

City & State
TAMPA FL

Zip
33629

Country
HILLS



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2513602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLETT, THOMAS
100 W. KENNEDY BLVD.
STE. 750
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Willett, Thomas
Street Address (P.O. Box Number is Not Acceptable)
2907 Bay To Bay Blvd
Suite 101
City TAMPA FL Zip Code 33629

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME WILLETT, THOMAS K.
STREET ADDRESS 100 W. KENNEDY BLVD., STE 750
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Thomas K Willett
STREET ADDRESS 2907 Bay To Bay Blvd #101
CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

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

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

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

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

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

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

1/11/01 815. 902-8488
Date Daytime Phone #

0339860

CR2E034 (10/00)