

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68484

1. Entity Name

J.W. WILLIAMS, INC.

Principal Place of Business

1825 S RIVERVIEW DR
MELBOURNE FL 32901
US

Mailing Address

1825 S RIVERVIEW DR
MELBOURNE FL 32901
US

2. Principal Place of Business

1825 Riverview Drive
Suite, Apt. #, etc.

3. Mailing Address

1825 Riverview Drive
Suite, Apt. #, etc.

City & State

Melbourne, FL
Zip 32901 Country USA

City & State

Melbourne, FL
Zip 32901 Country USA

4. FEI Number

59-2559647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S ESQ.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1825 Riverview Drive

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)

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 PD ☐ Delete
NAME DUMMER, PHILLIP K
STREET ADDRESS 815 WASHBURN RD
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ST ☐ Delete
NAME WILLIAMS-DUMMER, VALERIE A
STREET ADDRESS 815 WASHBURN RD
CITY-ST-ZIP MELBOURNE FL 32934

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90337 046 ***150.00

C0025004



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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