

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91381

1. Entity Name

VINCENT G. WILLIAMS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90149 047 \*\*\*150.00

Principal Place of Business

140 N ORLANDO AVE  
SUITE 150-35  
WINTER PARK FL 32789  
US

Mailing Address

140 N ORLANDO AVE  
SUITE 150-35  
WINTER PARK FL 32789-3606  
US

2. Principal Place of Business

3619 HAWKSHEAD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3619 HAWKSHEAD DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

4. FEI Number

59-2633465

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, VINCENT G.  
140 N. ORLANDO AVE  
SUITE 150-35  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

VINCENT G. WILLIAMS

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

3619 HAWKSHEAD DRIVE

City

CLERMONT

FL

Zip Code

34711

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

VINCENT G. WILLIAMS

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, 2000 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 DP  
NAME WILLIAMS, VINCENT G.  
STREET ADDRESS 5511 OAKFIELD ST.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE D  
NAME WILLIAMS, EILEEN M.  
STREET ADDRESS 5511 OAKFIELD ST.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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 DP ☒ Change ☐ Addition  
NAME WILLIAMS, VINCENT G.  
STREET ADDRESS 3619 HAWKSHEAD DRIVE  
CITY-ST-ZIP CLERMONT, FL. 34711

TITLE D ☒ Change ☐ Addition  
NAME WILLIAMS, EILEEN M.  
STREET ADDRESS 3619 HAWKSHEAD DRIVE  
CITY-ST-ZIP CLERMONT, FL. 34711

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

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:

VINCENT G. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 2000

Date

1-352-241-9514

Daytime Phone #

CR2E034 (9/99)