

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2002 8:00 am  
Secretary of State

02-03-2002 90003 037 \*\*\*150.00

DOCUMENT # J17624

1. Entity Name

WILLIAMS SPRINKLER COMPANY, INC.

Principal Place of Business

14836 OAK VINE DR  
LUTZ FL 33549  
US

Mailing Address

14836 OAK VINE DR  
LUTZ FL 33549  
US

*new address*

2. Principal Place of Business

7219 Wareham Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Williams  
7219 Wareham Dr  
Tampa, FL 33647

City  
T  
Zip  
33647  
Country  
US

4. FEI Number

59-1580312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEVE WILLIAMS  
14836 OAK VINE DR  
LUTZ FL 33549

Steve Williams  
7219 Wareham Dr  
Tampa, FL 33647

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

*Steve Williams Pres.*

Steve Williams

1/17/02

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, 2002 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 Williams  
7219 Wareham Dr  
Tampa, FL 33647

☐ Delete

Williams, Steve  
7219 Wareham Dr  
Tampa, FL 33647

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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:

*Steve Williams Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Williams 1/17/02

Date

Daytime Phone #

727-526-8597

CR2E034 (9/01)