

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J25602**

1. Entity Name

**WILLIAMS' FURNITURE & DESIGN CENTER, INC.****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90011 019 \*\*\*150.00

Principal Place of Business

**75 N CAUSEWAY  
NEW SMYRNA BEACH FL 32169**

Mailing Address

**75 N CAUSEWAY  
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business

**2248 STATE ROAD 44**

3. Mailing Address

**2248 STATE ROAD 44**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**NEW SMYRNA BEACH, FL**

City &amp; State

**NEW SMYRNA BEACH, FL**

Zip

**32168**

Country

**USA**

Zip

**32168**

Country

**USA**

4. FEI Number

**59-2721439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, SID C JR.  
418 CANAL ST.  
POST OFFICE BOX 428  
NEW SMYRNA BEACH FL 32070**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILLIAMS, DALE L	148 BREEZEWAY COURT	NEW SMYRNA BEACH FL	

TD	WILLIAMS, DALE L	148 BREEZEWAY COURT	NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete
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SD	ESPIRITU, SUZANNE	200 AVON STREET	PORT ORANGE FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 officers empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)