

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90131 003 \*\*\*150.00

0625147 AT

**DOCUMENT # J72500**

1. Entity Name  
**PHIL WILLIAMS & ASSOCIATES, INC.**



Principal Place of Business  
**623 MAGNOLIA LANE  
PEACHTREE CITY GA 30269  
US**

Mailing Address  
**623 MAGNOLIA LANE  
PEACHTREE CITY GA 30269  
US**



2. Principal Place of Business  
**307 Watermark Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**307 Watermark Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Peachtree City, GA**  
Zip  
**30269**  
Country  
**USA**

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**Peachtree City, GA**  
Zip  
**30269**  
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**USA**

4. FEI Number **59-2802831**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, STEPHEN R  
2991 GOLDEN EAGLE DRIVE  
TALLAHASSEE FL 32312**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAM, PHILIP C. 623 MAGNOLIA LANE PEACHTREE CITY GA 30269</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLIAMS MARGARET R 623 MAGNOLIA LANE PEACHTREE CITY GA 30269</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Williams, Philip C 307 Watermark Dr. Peachtree City, GA 30269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Williams, Margaret R 307 Watermark Dr. Peachtree City, GA 30269</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP WILLIAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03  
Date

770-631-1950  
Daytime Phone #

CR2E034 (10/02)