

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90004 028 \*\*\*550.00

**DOCUMENT # J80308**

**1. Entity Name**  
**WILLIAMS CONSULTANTS, INC.**

**Principal Place of Business**

**1825 S. RIVERVIEW DRIVE**  
**MELBOURNE FL 32901**  
**US**

**Mailing Address**

**1825 S. RIVERVIEW DRIVE**  
**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**

**City & State**

**Melbourne, FL**

**4. FEI Number**

**59-2835629**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**VICTOR S. KOSTRO**  
**1825 SOUTH RIVERVIEW DR.**  
**MELBOURNE FL 32901**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
**NAME** **WILLIAMS, RAYMOND F., JR**  
**STREET ADDRESS** **546 LAKE ASHLEY CIR. W.**  
**CITY-ST-ZIP** **MELBOURNE FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
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**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**

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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**12 July 2001 321-676-0444**

0015080

CR2E034 (5/01)