

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90149 014 ***550.00

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DOCUMENT # J80308

1. Entity Name
WILLIAMS CONSULTANTS, INC.



Principal Place of Business
**1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901
US**

Mailing Address
~~4925 S. RIVERVIEW DRIVE~~ **PMB #302**
~~MELBOURNE FL 32901~~
~~US~~ **2263 W. NEW HAVEN AVE.**
W. MELBOURNE, FL 32904



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~VICTOR S. KOSTRO~~
~~1825 SOUTH RIVERVIEW DR.~~
~~MELBOURNE FL 32901~~

7. Name and Address of New Registered Agent
Name: **Raymond F. Williams Jr.**
Street Address (P.O. Box Number is Not Acceptable): **2263 W. New Haven Ave**
City: **W. Melbourne, FL** Zip Code: **32904**

4. FEI Number **59-2835629** Applied For Not Applicable

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

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: *Raymond F. Williams Jr.*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: **6/8/03**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, RAYMOND F., JR 546 LAKE ASHLEY CIR. W. MELBOURNE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Raymond F. Williams Jr.*
Signature, typed or printed name of signing officer or director. DATE: **6/8/03** Daytime Phone #: **321-676-0444**

CF2E034 (10/02)