

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90107 023 ***150.00

DOCUMENT # K24603

1. Entity Name
WILLOWS PLAZA, INC.



Principal Place of Business
**675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

Mailing Address
**675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0054476**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JAMES UDELL
2893 E. ROAD
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **JESS R. SANTAMARIA**
Street Address (P.O. Box Number is Not Acceptable)
255 PONDEROSA COURT
City **ROYAL PALM BEACH** FL Zip Code **33411**

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 *Jess R. Santamaria, President* DATE 1/7/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAMARIA, JESS R.	
STREET ADDRESS	155 GALIANO ST	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANGER, WALLACE D.	
STREET ADDRESS	934 CAMELLIA DR	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	UDELL, JAMES A.	
STREET ADDRESS	2893 E. ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHORR, MAX	
STREET ADDRESS	250 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PONDEROSA COURT	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jess R. Santamaria, President* DATE 1/7/03 (561) 793-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR