

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # K34736

1. Entity Name

L/R WILLIAMS AND WILLIAMS, INC.

FILED

01 AUG -6 AM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 1399
325 MEARS BLVD.
OLDSMAR, FL 34677

P.O. BOX 1399
325 MEARS BLVD.
OLDSMAR, FL 34677

2. Principal Place of Business

325 MEARS BLVD.

3. Mailing Address

325 MEARS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OLDSMAR, FL 34677

City & State
OLDSMAR, FL 34677

4. FEI Number

59-2918833

Applied For

Not Applicable

Zip
34677

Country
USA

Zip
34677

Country
USA

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

6. Name and Address of Current Registered Agent

ROBERT W. LUETH
295 FLORIDA AVE.
P.O. BOX 535
CRYSTAL BEACH, FL 34681

7. Name and Address of New Registered Agent

Name
ROBERT W. LUETH
Street Address (P.O. Box Number is Not Acceptable)
295 FLORIDA AVE. (P.O. BOX 535)
City
CRYSTAL BEACH FL Zip Code
34681

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
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LUETH, ROBERT W.
295 FLORIDA AVE.
CRYSTAL BEACH, FL 34681 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RENDE, MICHEAL W.
401 FAIRVIEW RD.
BELLAIRE, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ALDRICH, CHARLES W.
928 PORTER DRIVE
LARGO, FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROBERT A. BORGER
325 MEARS BLVD.
OLDSMAR, FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROBERT W. WYMAN
325 MEARS BLVD.
OLDSMAR, FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004556955-6
-08/27/01--01014--009
*****70.00 *****70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROBERT A. BORGER
325 MEARS BLVD.
OLDSMAR, FL 34677 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROBERT W. WYMAN
325 MEARS BLVD.
OLDSMAR, FL 34677 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SECRETARY

08/03/01

813-818-9222

CR2E034 (5/01)