

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010773

1. Entity Name

WILLIAMS & COMPANY, L.L.C.

FILED

Principal Place of Business

1650 OAKHURST AVE.  
WINTER PARK FL 32789

Mailing Address

1650 OAKHURST AVE.  
WINTER PARK FL 32789

01 AUG 31 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

637 Blairshire Circle

3. Mailing Address

637 Blairshire Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FLA

City & State

Winter Park, FLA

4. FEI Number

Applied For

☒ Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DANIEL R  
1650 OAKHURST AVE.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Daniel R. Williams

Street Address (P.O. Box Number is Not Acceptable)

637 Blairshire Circle

City

Winter Park

FL

Zip Code

32792

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

900004574919--0  
-09/07/01--01020--030  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President / manager  
Daniel R. Williams  
637 Blairshire Circle  
Winter Park, FL 32792

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED  
Daniel R. Williams  
manager

8-27-01

407-644-8917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)