

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90234 034 \*\*\*\*50.00

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**DOCUMENT # L00000014632**

1. Entity Name

**CHARLOTTE M. WILLIAMS, P.L.**



Principal Place of Business

**851 BUENAVENTURA BLVD.  
KISSIMMEE FL 34743**

Mailing Address

**851 BUENAVENTURA BLVD.  
KISSIMMEE FL 34743**

2. Principal Place of Business

**3403 TECHNOLOGICAL AVE.**

3. Mailing Address

**3403 TECHNOLOGICAL AVE.**

Suite, Apt. #, etc.

**Suite 12**

Suite, Apt. #, etc.

**Suite 12**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32817**

Country

**USA**

Zip

**32817**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3688940**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, CHARLOTTE M  
851 BUENAVENTURA BLVD.  
KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name

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

**3403 TECHNOLOGICAL AVE.**

**Suite 12**

City

**Orlando**

**FL**

Zip Code

**32817**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR** ☐ Delete  
NAME **WILLIAMS, CHARLOTTE**  
STREET ADDRESS **851 BUENAVENTURA BLVD**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

**Charlotte M. Williams**

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

**4/21/03 (407) 658-2020**

Date

Daytime Phone #

CR2E083 (10/02)