2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # L77146** 1, Entity Name 02-07-2000 90056 010 ***150.00 WILLIS INVESTMENTS, INC. Mailing Address Principal Place of Business P.O. BOX 97 GREENSBORO FLA GREENSBORO FL 32330-0097 GREENSBORO FL 32330 B0013891 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3022250 Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIS, W. E. SR. Street Address (P.O. Box Number is Not Acceptable) CORNER OF GADSDEN AVE & EIGHTH STREET **GREENSBORO FL 32330** City Zip Code 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE WILLIS, W. E. NAME NAME STREET ADDRESS STREET ADDRESS CORNER OF GADSDEN AVE. & 8TH AVE. CITY-ST-7IP CITY-ST-ZIP GREENSBORO FL 32330 \Box Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS mon No Change CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE" ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C7: TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 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 Electronic trustee.

SIGNATURE:

changed, or on an attachment with an address, with all other

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