

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 042 ****50.00

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DOCUMENT # L98000001926

1. Entity Name
JOAN WILLIAMS, LLC

Principal Place of Business
13335 GOLF CREST CIRCLE
TAMPA FL 33624

Mailing Address
13335 GOLF CREST CIRCLE
TAMPA FL 33624

902359

2. Principal Place of Business
5357 Cobblestone Court
 Suite, Apt. #, etc.
Wesley Chapel FL
 City & State

3. Mailing Address
5357 Cobblestone Court
 Suite, Apt. #, etc.
Wesley Chapel FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3534789**

Applied For
 Not Applicable

5. Certificate of Status Desired -- **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRUGER, ROBERT W
13335 GOLF CREST CIRCLE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **KRUGER, Robert W.**
 Street Address (P.O. Box Number is Not Acceptable)
5357 Cobblestone Court
Wesley Chapel FL
 City **FL** Zip Code **33543**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUGER, ROBERT W 13335 GOLF CREST CIRCLE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUGER Robert W. 5357 Cobblestone Court Wesley Chapel FL 33543	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert W. KRUGER**
SIGNATURE REQUIRED

Jan 7, 2002 **813 907 6911**
 Date Daytime Phone #

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

CR2E063 (9/01)