

6/26/01
* 7/27/

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-27-2001 90002 025 ***400.00

06-26-2001 90002 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022717

1. Entity Name

WILLIAMS AUTO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1395 N.W. 65TH TERRACE
PLANTATION FL 33313

1395 N.W. 65TH TERRACE
PLANTATION FL 33313

2. Principal Place of Business

1395 N.W. 65TH TERRACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

PLANTATION 1

Suite, Apt. #, etc.

SAME

City & State

FL

City & State

SAME

Zip

33313

Country

US

Zip

SAME

Country

4. FEI Number

65-0991237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, LESUE
117 N.W. 45TH AVENUE
PLANTATION FL 33317

Name

SAME

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

City

FL

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

Lesue Williams
WILLIAMS AUTO ENTERPRISES

7

2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WILLIAMS, LESUE
117 N.W. 45TH AVENUE
PLANTATION FL 33317

☐ Delete

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

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☐ 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 or other like empowered.

SIGNATURE

Lesue Williams
PRESIDENT

4-27-01

Date

Daytime Phone #

Attachment DOCH



P00000022717
77381

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 28, 2001

WILLIAMS AUTO ENTERPRISES, INC.
1395 N.W. 65TH TERRACE
PLANTATION, FL 33313

Subject: **WILLIAMS AUTO ENTERPRISES, INC.**

Reference Number: **P00000022717**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION