

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90017 042 ***150.00

DOCUMENT # P00000031787

1. Entity Name
WILLIAMS' AUTO MOTION, INC.

Principal Place of Business

1370 S OXFORD DRIVE
ENGLEWOOD FL 34224

Mailing Address

18 BUNKER TERRACE
PLACIDA FL 33947

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

19 PEBBLE BEACH ROAD

Suite, Apt. #, etc.

City & State

ROTONDA, FLORIDA

Zip

Country

33947

Country

CHARLOTTE

4. FEI Number

65-1007075

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROBILLARD, WILLIAM J JR
18 BUNKER TERRACE
PLACIDA FL 33947

7. Name and Address of New Registered Agent

Name **ROBILLARD, WILLIAM J. JR.**

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

19 PEBBLE BEACH ROAD

City

ROTONDA

FL

Zip Code

33947

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 **WILLIAM J. ROBILLARD JR**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4-23-02

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, 2002 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

TITLE **D** ☐ Delete
NAME **ROBILLARD, WILLIAM J JR.**
STREET ADDRESS **18 BUNKER TERRACE**
CITY-ST-ZIP **PLACIDA FL 33947**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **ROBILLARD, WILLIAM J. JR.**
STREET ADDRESS **19 PEBBLE BEACH ROAD**
CITY-ST-ZIP **ROTONDA, FL 33947**

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

TITLE ☐ Change ☐ Addition
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NAME
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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 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 all other like empowered.

SIGNATURE:

WILLIAM J. ROBILLARD JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

(941) 474-1515
Daytime Phone #

CR2E034 (9/01)