

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041588

1. Entity Name

A.C. WILLIAMS SECURITY, INC.

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90245 042 \*\*\*150.00

80063609

DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| Principal Place of Business<br>3900 NW 79th AVE.<br>STE 326<br>MIAMI FL 33166   |  | Mailing Address<br>3900 NW 79th AVE.<br>STE 326<br>MIAMI FL 33166   |  |
| 2. Principal Place of Business<br>3912 NW 36th TERRACE<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>3912 NW 36th TERRACE<br>Suite, Apt. #, etc.   |  |
| City & State<br>LAUDERDALE LAKES FL   |  | City & State<br>LAUDERDALE LAKES FL   |  |
| Zip<br>33309  | Country<br>U.S.  | Zip<br>33309  | Country<br>U.S.  |
| 6. Name and Address of Current Registered Agent<br>CERRO RAQUEL<br>3900 NW 79th AVE STE 326<br>MIAMI FL 33166   |  | 4. FEI Number<br>05-1001954<br>Applied For<br>Not Applicable  |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|   |  | 7. Name and Address of New Registered Agent<br>Name<br>ANTHONY WILLIAMS<br>Street Address (P.O. Box Number is Not Acceptable)<br>3912 NW 36th TERR.<br>City LAUDERDALE LAKES FL Zip Code 33309          |  |
| 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.<br>SIGNATURE <i>Anthony Williams</i> Anthony Williams (NOTE: Registered Agent signature required when reinstating) DATE 8-23-01 |  |   |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>   |  | <div style="border: 1px solid black; padding: 2px;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2001 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b> </div> |  |
|   |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 11. OFFICERS AND DIRECTORS  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Delete<br>CERRO RAQUEL<br>3900 NW 79th AVE<br>MIAMI FL 33166 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>PVPST<br>ANTHONY WILLIAMS<br>3912 NW 36th TERR.<br>LAUDERDALE LAKES FL 33309 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-01

CR2E034 (11/00)

Attach D# P00000041588  
00063609

A.C. WILLIAMS SECURITY, INC.  
3912 NW 36<sup>TH</sup> TERRACE  
LAUDERDALE LAKES, FL 33309

August 21, 2001

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: A.C. WILLIAMS SECURITY, INC.  
DOCUMENT#: P00000041588

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Williams Anthony



WA/re