

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 08, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000044709

1. Entity Name  
WILLIAMS CONSTRUCTION OF LAKELAND, INC.

Principal Place of Business  
3823 ERIC CT  
LAKELAND FL 33813

Mailing Address  
3823 ERIC CT  
LAKELAND FL 33813

2. Principal Place of Business  
5042 IRONWOOD TRAIL

3. Mailing Address  
P.O. BOX 395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BARTOW FL

City & State  
HIGHLAND CITY FL

4. FEI Number  
59-1614475

Applied For  
Not Applicable

Zip Country  
33830

Zip Country  
33846

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS LONNIE E  
3823 ERIC CT

LAKELAND FL 33813

## 7. Name and Address of New Registered Agent

Name  
WILLIAMS LONNIE E

Street Address (P.O. Box Number is Not Acceptable)  
5042 IRONWOOD TRAIL

City Zip Code  
BARTOW FL 33830

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 LONNIE E. WILLIAMS

04/08/2001

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

TITLE VSD ☐ Delete  
NAME WILLIAMS SANDRA L  
STREET ADDRESS 5042 IRONWOOD TRAIL  
CITY-ST-ZIP BARTOW FL 33830

TITLE PTD ☐ Delete  
NAME WILLIAMS LONNIE E  
STREET ADDRESS 5042 IRONWOOD TRAIL  
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Lonnie E. Williams

Pres

04/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)