


FILED
Mar 03, 2003 8:00 am
Secretary of State

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[REDACTED]

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT #		P00000060292			
1. Entity Name GLORIA K. WILLIAMS & ASSOCIATES, INC.					
Principal Place of Business 48 N. KIRKMAN ROAD SUITE 1 ORLANDO FL 32811			Mailing Address 48 N. KIRKMAN ROAD SUITE 1 ORLANDO FL 32811		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		7324 Radiant Circle			
City & State		Orlando FL			
Zip	Country	Zip	Country		
32810		32810	Orlando		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
WILLIAMS, GLORIA K 48 N. KIRKMAN ROAD SUITE 1 ORLANDO FL 32811	Name	
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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[illegible]

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 03/01/2003 407-248-8991
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)