

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90437 010 \*\*\*150.00

**DOCUMENT # P00000075362**

1. Entity Name

M.H. WILLIAMS CONSULTING, NC.

Principal Place of Business

~~14800 BLACK BEAR ROAD~~  
 PALM BEACH GARDENS FL 33418

Mailing Address

~~14800 BLACK BEAR ROAD~~  
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

2801 Pin Oak Court

Suite, Apt. #, etc.

3. Mailing Address

2801 Pin Oak Court

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

Zip

Country

USA

4. FEI Number

65-1032409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARK

~~14800 BLACK BEAR RD~~

~~WEST PALM BEACH FL 33418~~

7. Name and Address of New Registered Agent

Name

Street Address P.O. Box Number is Not Acceptable

2801 Pin Oak Court

City

Palm Beach Gardens FL

Zip Code

33410

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

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, 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 PD  
 NAME WILLIAMS, MARK H ☐ Delete  
 STREET ADDRESS ~~14800 BLACK BEAR ROAD~~  
 CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33418~~

TITLE STD  
 NAME WILLIAMS, ELLEN ☐ Delete  
 STREET ADDRESS ~~14800 BLACK BEAR ROAD~~  
 CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33418~~

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 2801 Pin Oak Court  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 2801 Pin Oak Court  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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 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:

*Mark Williams* Mark Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002

501-691-0781

Date

Daytime Phone #

CR2E034 (9/01)