

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90088 010 ***150.00

001146

DOCUMENT # P00000115582

1. Entity Name

WILLIS STUCCO, INC.

Principal Place of Business

**4624 KEEN CEMETERY
 CALLAHAN FL 32011**

Mailing Address

**4624 KEEN CEMETERY
 CALLAHAN FL 32011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3693274

Applied For

Not Applicable

5. Certificate of Status Desired

-\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POUCHER, ALLEN L JR ESQ
 320 E ADAMS ST
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **George Malcolm Willis**

Street Address (P.O. Box Number is Not Acceptable) **4624 Keen Cemetery Road**

City **Callahan** **FL** Zip Code **32011**

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 **George M. Willis**

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

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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 **D** Delete
 NAME **POUCHER, ALLEN L JR ESQ**
 STREET ADDRESS **320 E ADMAS ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **President** Delete
 NAME **George M. Willis**
 STREET ADDRESS **4624 Keen Cemetery Road**
 CITY-ST-ZIP **Callahan FL 32011**

TITLE **V-President** Delete
 NAME **Traci D. Willis**
 STREET ADDRESS **4624 Keen Cemetery Road**
 CITY-ST-ZIP **Callahan FL 32011**

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
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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: **George M. Willis**

Signature and typed or printed name of signing officer or director

4-20-01

Date

(904)545-2232

Daytime Phone #

CR2E034 (10/00)