

2001 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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)

DATE 4-20-01

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	<input checked="" type="checkbox"/> Delete
NAME	POUCHER, ALLEN L JR ESQ	
STREET ADDRESS	320 E ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	President	<input type="checkbox"/> Delete
NAME	George M. Willis	
STREET ADDRESS	4624 Keen Cemetery Road	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	V-President	<input type="checkbox"/> Delete
NAME	Traci D. Willis	
STREET ADDRESS	4624 Keen Cemetery Road	
CITY-ST-ZIP	Callahan FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DATE 4-20-01 (904) 545-2232
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)