

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015910

1. Entity Name  
FWW TRUCKING INC

Principal Place of Business

4605 TERESA RAOD  
ORLANDO FL 32808

Mailing Address

4605 TERESA RAOD  
ORLANDO FL 32808

2. Principal Place of Business

ORLANDO, FL.

Suite, Apt. #, etc.

3. Mailing Address

4605 TERESA RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip  
32808

Country  
USA

City & State

ORLANDO, FL.

Zip  
32808

Country  
USA

4. FEL Number

593707925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, FRANK VEREEN  
4605 TERESA RAOD  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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.

SIGNATURE

*Frank V. Williamson*

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANK V. WILLIAMSON 4605 TERESA RD. ORL, FL. 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER FRANK V. WILLIAMSON 4605 TERESA RD. ORL, FL. 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CLAY WILLIAMSON 4605 TERESA RD. ORL, FL. 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CLAY WILLIAMSON 4605 TERESA RD. ORL, FL. 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

*Frank V. Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 401-714-7126

Date

Daytime Phone #

CR2E034 (9/01)

**FILED**  
**Jun 17, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90117 048 \*\*\*150.00

93236



DO NOT WRITE IN THIS SPACE