

AMEND **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 26 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P 01-0000 26370

1. Entity Name

Nameless Incorporations

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

439 North West St.

Suite, Apt. #, etc.

3. Mailing Address

439 North West St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Quincy, Fl.

City & State

Quincy, Fl.

4. FEI Number

59-370 7698

Applied For

Not Applicable

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Steve Williams

Street Address (P.O. Box Number is Not Acceptable)

439 North West St.

City

Quincy

FL

Zip Code

32351

**DO NOT WRITE  
IN THIS SPACE**

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

Steve Williams

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

(NOTE: Registered Agent signature required when reinstating)

4/1/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
~~Steve Williams~~ CEO  
Steve Williams  
439 North West St.  
Quincy, Fl. 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
John F. Baker  
514 Hebron Rd.  
Quincy, Fl. 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Nathan Williams  
20146 Bridges Dr.  
Tampa, Fl. 33621

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

Filed  
3/22/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)