

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 013 ***150.00

DOCUMENT # *P01000026370*

1. Entity Name

Nameless Incorporations ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

439 West St.

Suite, Apt. #, etc.

3. Mailing Address

439 West St.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

4. FEI Number

54-3707698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Steve Williams

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

439 West St.

City

Quincy

FL

Zip Code

32351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Steve Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>CEO</i>
NAME	<i>Steve Williams</i>
STREET ADDRESS	<i>439 West St.</i>
CITY-ST-ZIP	<i>Quincy, FL</i>
TITLE	<i>President</i>
NAME	<i>John F. Bulter</i>
STREET ADDRESS	<i>307 Pine Drive Apt 55</i>
CITY-ST-ZIP	<i>Quincy, FL 32351</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<i>Steve Williams</i>
STREET ADDRESS	<i>439 West St.</i>
CITY-ST-ZIP	<i>Quincy, FL 32351</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 (12/02)