

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 037 ***150.00

DOCUMENT # P01000083153

1. Entity Name
J&P WILLIAMS ENTERPRISES, INC.

Principal Place of Business

14050 SW 37TH CT.
DAVIE FL 33330

Mailing Address

14050 SW 37TH CT.
DAVIE FL 33330

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

65-1136438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JOANN
14050 SW 37TH CT.
DAVIE FL 33330

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

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **WILLIAMS, JOANN**
STREET ADDRESS **14050 SW 37TH CT.**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **WILLIAMS, PETER**
STREET ADDRESS **14050 SW 37TH CT.**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SP. J. Williams **JOANN WILLIAMS** **7/3/02** **305-673-0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P01000083153
119114

7/3/02

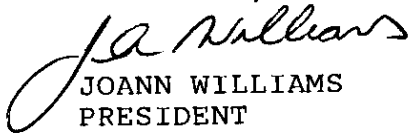
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302

TO WHOM IT MAY CONCERN:

OUR CORPORATION DID NOT RECEIVE ANY PRIOR NOTICE
IN THE MAIL. WE APOLOGIZE THAT WE DID NOT KNOW
ANY FEES WERE DUE AND ASK THAT THE PENALTY BE
WAIVED.

I AM ENCLSOING A CHECK IN THE AMOUNT OF \$150.00
AWAITING YOUR APPROVAL.

THANK YOU,


JOANN WILLIAMS
PRESIDENT

P01000083153
J & P WILLIAMS ENTERPRISES, INC.
14050 SW 37TH CT
DAVIE, FL 33330-1517