

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90093 041 \*\*\*150.00

**DOCUMENT # P01000105340**1. Entity Name  
**BOBBY WILLIAMS, INC.**Principal Place of Business  
**269 S. MATANZAS BOULEVARD  
ST. AUGUSTINE FL 32080**Mailing Address  
**269 S. MATANZAS BOULEVARD  
ST. AUGUSTINE FL 32080**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**269 S. MATANZAS BLVD.**

3. Mailing Address

**269 S. MATANZAS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ST. AUGUSTINE, FL**

City &amp; State

**ST. AUGUSTINE, FL**

4. FEI Number

**26-003 7165**

Applied For

Not Applicable

Zip

Country

**32080****ST. JOHNS**

Zip

Country

**32080****ST. JOHNS**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

**MILLS, AUSTIN W****269 S. MATANZAS BOULEVARD****ST. AUGUSTINE FL 32080**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>									
	<b>MILLS, AUSTIN W</b>	<b>269 S. MATANZAS BOULEVARD</b>	<b>ST. AUGUSTINE FL 32080</b>							

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**AUSTIN W. MILLS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-10-02 904-829-3437**

Attachment

# POI 000105340

THIS IS THE FIRST NOTICE THAT  
I HAVE RECEIVED

THANK YOU

A handwritten signature, possibly reading "M. J. [unclear]", is written in dark ink over the bottom lines of the notepad.