2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000105340

1. Entity Name

BOBBY WILLIAMS, INC.



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90268 028 ***150.00

28 S. MATANZAS BOULEVARD ST. AUGISTINE FL. 2000 SUIVA API. NO. P. AUGISTINE FL. ST. APT ALVELS BLUD. SUIVA API. NO. P. AUGISTINE FL. ST. APT ALVELS F		e of Business		g Address			.					
2. Principal Pages of Business 2. 9. MATRIANAN BULVO. Suite April 16 April 16 Suite April 16 April 16 Suite April 16 Sui			269 S. MATANZAS BOULEVARD				ļ					
Action A	ST. AUGUSTIN	₩ FL 32080	ST. AL	ugustine FL 32080			l					
Action A])		() 	<u> </u>	
SURE, AQL # 605 Sulfe,	2. Principal P	Place of Business	3. Mail	ing Address								
Suite Apt. # etc APT SUITE APT. # CITY A STATE CITY A STATE CITY A STATE CITY A STATE COUNTY COUNTY COUNTY COUNTY ST. APLICATION. ST			1 .	-	124	4 RU	D.					
Cony & State ST. A LAGASTINE ST. A LAGASTINE COUNTY 20 COUNTY	Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.	<u> </u>	<u>/ </u>		C ONEON HEDE IE	MAKINO	21441050		
ST. AUGUSTINE FL 20 20 20 30 Country 7. Name and Address of New Registered Agent Name Name Name Name Name Strict Address (FO. Sox Number is Not Acceptable) City FL 2ip Code City		NA	N A				}	LI CHECK HERE IF MAKING CHANGES				
South Sout	_ ′	_					4. F	FEI Number		Ap	plied For	
S. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent MILLS, AUSTIN W Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.	ST.AVG	USTINE, FL		AUGUSTIN	E,	F-C	<u>, </u>	2070037 100		No	xt Applicable	
Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name 1		,					5. (Certificate of Status Desired				
MILLS, AUSTIN W 269 S. MATANZAS BOULEVARD ST. AUGUSTINE FL 32080 6. 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 delignations of registered agent, lower or present agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, lower or present agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, lower or present agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, lower or present agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, lower or present agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I	20000				<i>5</i> 7 \	JOHN	<u> </u>		F	<u>`</u>	<u>d</u>	
MILLS, AUSTIN W 289 S. MATANZAS BOULEVARD ST. AUGUSTINE FL 32080 City FL ZiD Code 6. 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 sceept the obligations of registered agent, belongations of registered agent. SIGNATURE Signalur, tieed or priced name of registered agent and title? spektable (CITE) Prejutated Agent signature required when remarkating) After May 1, 2003 Fee will be S550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MME MME SIRET AUDRESS OITY-S1-2P TITLE MARK MILLS, AUSTIN W Delete TITLE MARK SIRET AUDRESS OITY-S1-2P TITLE MARK STRET AUDRES		6. Name and Address of Current F	Registere	d Agent		Marro		Name and Address of New Reg	istered A	jent		
Signaturile Signaturile File Now!!! FEE is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE MME STREET ADDRESS GITY-S1-2P TILE MAME STREET ADDRESS GITY-S1-2P TILE TILE MAME STREET ADDRESS GITY-S1-2P TILE TILE MAME STREET ADDRESS GITY-S1-2P TILE	منسنم من	ANTINE UT		2.0		Name		•				
ST. AUGUSTINE FL. 32080 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent. SIGNATURE Syndium, specifor sinked around ingestered agent with, and accept the chilagalarins of registered agent or including agent with, and accept the chilagalarins of registered agent. Or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the chilagalarins of registered agent, or both, in the State of Florica. I am familiar with, and accept the state of Florica agent					-	Street Address (P.O. Box Number is Not Acceptable)						
City	269 S. MA	ATANZAS BOULEVARD										
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Now!! FEE IS \$150.00	st. Augu	STINE FL 32080				ļ		•				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signary File Signary Signar						City	·		EI	Zip Cod	e	
SIGNATURE Signature for registered agent. Signature trace or printed registered agent or triget appricable. NOTE Registered Agent signature recuired when reincalura) DATE						L				<u> </u>		
SIGNATURE FILE NOW!!! FEE IS \$150.00 S\$50.00 Make Check Payable to Floridad Department of State			the purpo	ose of changing its re	egister	ed office or r	egistered ag	ent, or both, in the State of Floric	a. Lam fai	miliar with,	and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT III NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRES	the congar	ions of registered agent.										
Atter May 1, 2003 Fee will be \$550.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE .											
After May 1, 2003 Fee will be \$550.00 May Be Addet Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D MILLS, AUSTIN W 289 S. MATANZAS BOULEVARD STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE		Signature, typed or printed name of registered agent a	nd title if appl	icable. (NOTE:	Registere	d Agent signature	e required when re	einstating)	DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D. MARE MANE MILLS, AUSTIN W 269 S. MATANZAS BOULEVARD STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE MARE MARE MARE MARE MARE MARE MARE MAR	F	ILE NOW!!! FEE IS \$150.00]					9 Flooting Compaign Finan	noina	ድ ድ ብ	ia	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME STREET ADDRESS OTY-ST-2P TITL	After	May 1, 2003 Fee will be \$550.00						, ,	~ ~			
TITLE NAME CRANGE STREET ADDRESS CITY-ST-ZIP CRANGE CRAN	Make Check	Payable to Florida Department of	State					, and the desired desired desired	_	7.000		
MILLS, AUSTIN W STRET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND (DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	3 IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE TIT	TITLE	D		☐ Delete	TITL	E }			ľ	☐ Change	Addition	
CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				•		J				•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	ST. AUGUSTINE FL 32080			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL				1	Change	☐ Addition	
CITY-ST-ZIP						_					ĺ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				ſ	Change	☐ Addition	
CITY-ST-ZIP					1			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	T .					}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					╂—							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			1	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						1				•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-									
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			Γ	Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					1	1					(
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					╂						- Adulting	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				∟ Delete		L				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	1										1	
					1							
		partiful that the information available site.	this filler	door not exalify for a	┸_	———∟	d in Cartina :	110.07(9\(i) Elarida Ctatuta - 14	othor =**	u that tha !-		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: