

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 035 ***150.00

DOCUMENT #

1. Entity Name

Williams Homes, Inc. 901000106733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

707 Kay Court

Suite, Apt. #, etc.

3. Mailing Address

707 Kay Court

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

City & State

Mount Dora, FL

Zip

32757

Country

4. FEI Number

59-3757602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Linda Lee Williams

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

707 Kay Court

City

Mount Dora

FL

Zip Code

32757

**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

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) ☒

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	<i>P/D</i>	TITLE	
NAME	<i>HARRY E. Williams</i>	NAME	
STREET ADDRESS	<i>707 Kay Court</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Mount Dora, FL 32757</i>	CITY-ST-ZIP	
TITLE	<i>V</i>	TITLE	
NAME	<i>Linda Lee Williams</i>	NAME	
STREET ADDRESS	<i>707 Kay Court</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Mount Dora, FL 32757</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

HARRY E. Williams, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

352-636-8782

CR2E034B (12/01)