

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90050 019 ***150.00

DOCUMENT # P01000120132

1. Entity Name

WILLIAMS HOTEL & RESTAURANT CONSULTING, INC.

Principal Place of Business

1015 LEXINGTON PARKWAY
APOPKA FL 32712

Mailing Address

1015 LEXINGTON PARKWAY
APOPKA FL 32712

2. Principal Place of Business

1015 Lexington Parkway
Suite, Apt. #, etc.

3. Mailing Address

1015 Lexington Parkway
Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

22-3850393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, C ANDERSON
1015 LEXINGTON PARKWAY
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, C A
1015 LEXINGTON PARKWAY
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

CR2E034 (4/02)

Attachment
D#P01000120132
B0128982

July 5, 2002

Williams Hotel & Restaurant Consulting, Inc.
C. Anderson Williams
1015 Lexington Parkway
Apopka, FL 32712

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report

On July 2, 2002 I received my first and only notification of the 2002 Uniform Business Report to file. I spoke with a Florida Department of State Representative by calling 850-488-9000 on July 2, 2002 and was advised since I had never received this notification before I should pay the initial cost of \$150.00 (Enclosed).

My Articles of Incorporation were filed with the Florida Department of State on December 19, 2001.

If you should need further information please call me at 407-889-5941 or mail to the above address.

Cordially,



C. Anderson-Williams

CAW/ihw
Enclosures