

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91873 001 \*\*\*387.50

**DOCUMENT # P02000004864**

**1. Entity Name**  
**R L WILLIAMS TRAFFIC SCHOOL, INC.**



**Principal Place of Business**  
**4 WEST PARK AVE.**  
**CHIEFLAND FL 32626**

**Mailing Address**  
**4 WEST PARK AVE.**  
**CHIEFLAND FL 32626**

**2. Principal Place of Business**  
**4 WEST PARK AVE**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**4 WEST PARK AVE.**  
**Suite, Apt. #, etc.**

**City & State**  
**Chiefland, Florida**  
**Zip 32626 Country USA**

**City & State**  
**Chiefland, Florida**  
**Zip 32626 Country USA**

**4. FEI Number**  
**420864107**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, ROBERT L**  
**923 NE 11TH DR.**  
**CHIEFLAND FL 32626-1352**

**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** Robert L. Williams Robert L. Williams 5/19/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PVPST** ☐ **Delete**  
**NAME** **Robert L. Williams**  
**STREET ADDRESS** **923 NE 11th Dr.**  
**CITY-ST-ZIP** **Chiefland, FL 32626**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Robert L. Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**425-03** **302** **4865420**  
Date Daytime Phone #

CR2034 (10/02)