2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000015386



pr 28, 2003 8:00 an	l
Secretary of State	

1. Entity Nam WILLIS CA		RY, INC.		00			10	04	-28-2003 9	91509 0.	38 ***150	0.00
Principal Place 1440 SECOND ORANGE CITY	STREET	s	Mailing Add 1440 SECON ORANGE CIT	ID STREET			111	NALANA EN ARI		<u>*</u> H 1344 1410	ATOOL DIEGO BEE	1 (4 88) 1 (1) (11)
2. Principal P	Place of Busin	ness	3. Mailing Ad	idress		-						
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				☐ CH	j IECK HERE	IF MAKING	G CHANGES	3
City & Stat	e		City & Stat	e			4. FEI Nui	mber 2041	866		 	opplied For lot Applicable
Zip		Country	Zip		Country		5. Certific	ate of Stat	us Desired		\$8.75 Ac Fee Requir	
	6. Name	and Address of Current	Registered Age	nt			7. Name a	and Addre	ss of New R	egistered	Agent	
WILLIS, M	IICHAEL	a la esta de e	<u>.</u> इन		Name	-inges		,				
	OND STRE	EŤ			Street A	ddress (P.	O. Box Nur	nber is ivo	t Acceptable)		
	CITY FL 32								***			
		****		<u></u>	City					FL		
	named entity tions of regist	y submits this statement for ered agent.	or the purpose of	changing its r	egistered office o	r registered	d agent, or	both, in the	e State of Flo	rida. I am	familiar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent signal	ure required w	hen reinstating)) ·	· · ·	DATE		
After	r May 1, 200	I! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State			. 3	9.		ampaign Fin Contribution			00 May Be od to Fees
After Make Check	r May 1, 200	03 Fee will be \$550.00 o Florida Department o			T 11.		ADDITION	Trust Fund	Contribution	n. [.J Adde	d to Fees
After Make Check	r May 1, 200 k Payable to	3 Fee will be \$550.00	DIRECTORS	Poleto	11.	SRCI	ADDITION	Trust Fund	Contribution	n. [.J Adde	ad to Fees
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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:

386-717-7060