

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90137 042 ***150.00

DOCUMENT # P02000051406

1. Entity Name
SHERLOCK & WILLIAMSON INVESTMENTS, INC.



Principal Place of Business
214 AUGUSTA AVENUE
DAVENPORT FL 33837

Mailing Address
214 AUGUSTA AVENUE
DAVENPORT FL 33837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0598692

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERLOCK, MARY K
3935 PROMENADE SQUARE DRIVE
APT. 4112
ORLANDO FL 32837

Name

Rose M Williamson

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

214 Augusta Ave

City

Davenport

FL

Zip Code

33837

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

Rose M Williamson

2-16-03

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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME SHERLOCK, JAMES
STREET ADDRESS 3935 PROMENADE SQUARE DRIVE #4112
CITY-ST-ZIP ORLANDO FL 32837

TITLE ~~Director~~ D ☒ Change ☐ Addition
NAME James Sherlock
STREET ADDRESS 214 Augusta Ave
CITY-ST-ZIP Davenport FL 33837

TITLE D ☐ Delete
NAME SHERLOCK, MARY K
STREET ADDRESS 3935 PROMENADE SQUARE DRIVE #4112
CITY-ST-ZIP ORLANDO FL 32837

TITLE ~~Director~~ V ☒ Change ☐ Addition
NAME Mary K Sherlock
STREET ADDRESS 214 Augusta Ave
CITY-ST-ZIP Davenport FL 33837

TITLE D ☐ Delete
NAME WILLIAMSON, ROSE
STREET ADDRESS 214 AUGUSTA AVENUE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ~~President~~ P ☒ Change ☐ Addition
NAME Rose Williamson
STREET ADDRESS 214 Augusta Ave
CITY-ST-ZIP Davenport FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Rose M Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-03

Date

863-242-6006

Daytime Phone #

CR2E034 (10/02)