

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90109 021 ***150.00

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DOCUMENT # P02000060217

1. Entity Name
WILLISWARE DEVELOPMENT, INC.



Principal Place of Business
2878 SWETSPIRE CIR
OVIDO FL 32766

Mailing Address
2878 SWETSPIRE CIR
OVIDO FL 32766

2. Principal Place of Business
2878 SWEETSPIRE CIR

3. Mailing Address
2878 SWEETSPIRE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIDO, FL

City & State
OVIDO, FL

4. FF Number
42-1537366

Applied For
Not Applicable

Zip
32766

Country
USA

Zip
32766

Country
USA

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

WILLIS, RODNEY O
2878 SWETSPIRE CIR
OVIDO FL 32766

Name

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

2878 SWEETSPIRE CIR

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	RODNEY O. WILLIS, PRESIDENT	2878 SWEETSPIRE CIR	OVIDO, FL 32766		
	CEO BRANDI M. WILLIS	2878 SWEETSPIRE CIR	OVIDO, FL 32766		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03 **407-435-8245**
Date **Daytime Phone #**

CR2E034 (10/02)