

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 003 ***150.00

0626717 AT

DOCUMENT # P02000083914

1. Entity Name

WILLIAMS BLOCK & BRICK INC



Principal Place of Business

**106 CYPRESS DRIVE
PALATKA FL 32177**

Mailing Address

**PO BOX 485
BOSTWICK FL 32007**

2. Principal Place of Business

106 Cypress Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bostwick, FL

City & State

Zip

32007

Country

Putnam

Zip

32007

Country

Putnam

4. FEI Number

76-0706291

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ISIAH B III
106 CYPRESS DRIVE
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

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

Bostwick

FL

Zip Code

32007

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

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

TITLE **P** ☐ Delete
NAME **WILLIAMS, ISIAH B III**
STREET ADDRESS **PO BOX 485**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE **VP** ☐ Delete
NAME **WILLIAMS, KIMBERLY**
STREET ADDRESS **PO BOX 485**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE **VP** ☒ Delete
NAME **JEPSON, STEVEN**
STREET ADDRESS **PO BOX 556**
CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **106 Cypress Dr.**
CITY-ST-ZIP **Bostwick, FL 32007**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **106 Cypress Dr.**
CITY-ST-ZIP **Bostwick, FL 32007**

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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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly K. Williams

1-7-03

Date

Daytime Phone #

386-328

3485

CR2E034 (10/02)