2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000100108 DOCUMENT

1. Entity Name



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90082 034 ***150.00

WILLIAMS	S PUMP COMPANY								
7830 38TH AVE N. UNIT #15 7830		Aailing Address 830 38TH AVE N. UNIT ≢15 ST PETERSBURG FL 33710							
			755	***************************************					
2. Principal Place of Business		3. Mailing Address						1 06 111 08 161 1161	48101 1811 1981
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State				4. FE	Number 81-057/329		pplied For ot Applicable
Zip	Country	Zip		Country		5. C∈	ertificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Current	Register	ed Agent		J.	7. Na	ame and Address of New Registered		
OTATO:	Name								
STATTON	ms) Street	Street Address (P.O. Box Number is Not Acceptable)							
	H AVE N, UNIT #15				· · · · ·				
SIPEIER	ISBURG FL 33710								
				City			F	L Zip Cod	le
8. The above	e named entity submits this statement for tions of registered agent.	r the purp	oose of changing its	registered office of	or registere	d agen	nt, or both, in the State of Florida. I an	1 familiar with,	and accept
ine obligat	nors of registered agent.								
SIGNATURE	2								
4	Signature, typed or printed name of registered agent a	and title if app	olicable. (NOTE:	Registered Agent signs	ature required w	vhen reins	stating) DATE		
	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Financing	\$5 (00 May Be
Aπe	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State							d to Fees
10.	OFFICERS AND		L DRS	11.	<u></u>		ITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	Q 1NI 11
TITLE	D	D1112010	☐ Delete	TITLE		וטטא	THOMS/CHANGES TO OFFICERS AN	Change	Addition
NAME	WILLIAMS, KELLIS L		L Delete	NAME				☐ Citaliye	Addition
STREET ADDRESS	7830 38TH AVE N, UNIT #15			STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33710			CITY-ST-ZIP					
TITLE	D DENIET		☐ Delete	TITLE	ma		Statton William	Change	☐ Addition
NAME STREET ADDRESS	STATTON, DENISE 7830 38TH AVE N, UNIT #15			NAME	Dent	5 e	STATION WILLIAM	ms	
CITY-ST-ZIP	ST PETERSBURG FL 33710			STREET ADDRESS CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			<u></u>	☐ Change	☐ Addition
NAME	LAVOIE, GERARD O JR	_		NAME	<u> </u>	_	_	Change	L Addition
STREET ADDRESS	7830 38TH AVE N, UNIT #15			STREET ADDRESS		:	ده در این می بیشندند کی در ده ب از		
CITY-ST-ZIP	ST PETERSBURG FL 33710			CITY-ST-ZIP	<u> </u>		·		
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS				NAME OTREET ADDRESS					Ì
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					ľ
TITLE				-	 				
NAME			Delete	TITLE NAME				☐ Change	☐ Addition ☐

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 1

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Cland JOENISE STATTON WILLIAMS

☐ Delete

Change

Addition