

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 027 ***550.00

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DOCUMENT # P02000104041

1. Entity Name

THE MCGREGOR WILLIAMS COMPANY INC.



Principal Place of Business
**4237 SALISBURY RD #409
JACKSONVILLE FL 32216**

Mailing Address
**4237 SALISBURY RD #409
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville FL

Zip

Country

Zip

Country

32255

US

4. FEI Number

52-2379767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, STUART
4237 SALISBURY RD #409
JACKSONVILLE FL 32216**

Name **Stuart Gregory**
Street Address (P.O. Box Number is Not Acceptable)
1515 County Rd. 210
Unit 203
City **Jacksonville** **FL** Zip Code **32259**

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **D GREGORY, STUART A**
STREET ADDRESS **4237 SALISBURY RD #409**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **1515 County Rd. 210 Unit 203**
STREET ADDRESS **Jacksonville, FL 32259**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D WILLIAMS, CHRISTOPHER G**
STREET ADDRESS **4237 SALISBURY RD #409**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **1515 County Rd 210 Unit 203**
STREET ADDRESS **Jacksonville, FL 32259**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)