

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 013 ***558.75

DOCUMENT # P93000054680

1. Entity Name
WILLIAMS PAINTERS, INC.

Principal Place of Business

Mailing Address

~~13310 SW 81ST ST.~~
~~MIAMI FL 33183~~
2927 WAREHAM CT
WEST PALM BEACH FL 33414 *SAME*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2927 WAREHAM CT
WEST PALM BEACH
FLORIDA

City & State

City & State

4. FEI Number **65-0429632**

Applied For
Not Applicable

Zip
33414

Country
PAIM BEACH

Zip
33414

Country
W.P. BEACH

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

Denzil R. Williams
2927 Wareham Ct
Wellington, FL 33414

Name **Williams DENZIL R.**
Street Address (P.O. Box Number is Not Acceptable)

Denzil R. Williams
2927 Wareham Ct
Wellington, FL 33414

FL **Zip Code** **33414**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **WILLIAMS, DENZIL R**
STREET ADDRESS **13310 SW 81ST ST.** *old add*
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **Williams DENZIL R** ☒ **Change** ☐ **Addition**
NAME **Williams DENZIL R**
STREET ADDRESS **2927 WAREHAM CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **D** ☐ **Delete**
NAME **WILLIAMS, MARIE L** *Old add.*
STREET ADDRESS **13310 SW 81ST ST.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **MARIE L, Williams** ☒ **Change** ☐ **Addition**
NAME **MARIE L, Williams**
STREET ADDRESS **2927 WAREHAM CT**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DENZIL R. WILLIAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2/2002

561-784 4587

Date **Daytime Phone #**

CR2E034 (4/02)