APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054680

1. Entity Name: Williams Painters Inc
2927 Wareham Ct
Wellington Fl 33414

DO NOT WRITE IN THIS SPACE

40095494

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2. Principal Place of Business	3. Mailing Address
2927 Wareham Ct	2927 Wareham Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. Florida
City & State: Wellington	City & State: Wellington
Zip: 33414 Country: USA	Zip: 33414 Country: U.S.A.

4. FEI Number: 65-0429632 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Denzil R Williams / Colleen Williams
Street Address (P.O. Box Number is Not Acceptable): 2927 Wareham Ct
City: Wellington 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 ______ 6-9-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Pres
NAME	Denzil Roy Williams
STREET ADDRESS	2927 Wareham Ct
CITY-ST-ZIP	Wellington Fl 33414
TITLE	Vice President
NAME	Colleen A Williams
STREET ADDRESS	2927 Wareham Ct
CITY-ST-ZIP	Wellington Fl 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Denzil R. Williams 6-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/5 CD