

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90044 019 ***150.00

DOCUMENT # P93000074211

1. Entity Name

D. GARY WILLIAMS & COMPANY, INC.

Principal Place of Business

**4417 BEACH BLVD.
STE. 307
JACKSONVILLE FL 32207-4763**

Mailing Address

**4417 BEACH BLVD.
STE. 307
JACKSONVILLE FL 32207-4763**

2. Principal Place of Business

8825 Perimeter Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 304

Suite 304

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

32216

Country

Country

32216

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**WILLIAMS, D G
4417 BEACH BLVD.
STE. 307
JACKSONVILLE FL 32207-4763**

Name

Williams, D.G.

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

8825 Perimeter Park Blvd

Suite 304

City

Jacksonville

FL

Zip Code

32216

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$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, D G**
STREET ADDRESS **4417 BEACH BLVD. STE. 307**
CITY-ST-ZIP **JACKSONVILLE FL 32207-4763**

TITLE ☒ Change ☐ Addition
NAME **Williams, D. G.**
STREET ADDRESS **8825 Perimeter Park Blvd, Ste 304**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)