

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000005878**

1. Entity Name

WILLIAMS PLASTER AND STUCCO, INC.

FILED

01 FEB 15 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

550 NW 27 AVE.

550 NW 27 AVE

BA4 5A

BA4 5A

FT. LAUDERDALE, FL 33311

FT. LAUDERDALE, FL 33311

2. Principal Place of Business

3. Mailing Address

2630 NW 4 STREET

1783 NW 34 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33311 USA

33311 USA

4. FEI Number

Applied For

65-0472637

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

MARY ANN STAW
1783 NW 34 AVE
FT. LAUDERDALE, FL 33311

Ronald Williams

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

1783 NW 34th Ave

City Ft lauderdale FL

Zip Code 33311

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

Ronald Williams

(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 **P/T**
NAME **RONALD WILLIAMS**
STREET ADDRESS **1783 NW 34 AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003768121-9
-02/26/01--01118--017
*****1000.00 ***1000.00**

TITLE **S**
NAME **MARY ANN STAW**
STREET ADDRESS **500 ARIZONA AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003768121-9
-02/26/01--01118--018
*******50.00 *****50.00**

TITLE **VP**
NAME **EDWARD WILLIAMS**
STREET ADDRESS **500 ARIZONA AVE.**
CITY-ST-ZIP **FT. LAUDERDALE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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:

Ronald Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #