

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016033

1. Entity Name

PLANTATION BUILDERS, INC.

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90091 047 \*\*\*158.75

Principal Place of Business

2613 CENTERVILLE RD., STE. D  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 14977  
TALLAHASSEE FL 32317  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 PIEDMONT DR. W

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

4. FEI Number 59-3229502

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, THAD E  
2613 CENTERVILLE RD  
STE D  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name THAD E. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)  
1005 PIEDMONT DR. W

City TALLAHASSEE

FL

Zip Code 32308

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

TITLE P  
NAME WILLIAMS, THAD E  
STREET ADDRESS 2613 CENTERVILLE RD -STE D  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME CHARLES E. WILLIAMS  
STREET ADDRESS RT. 1 BOX 30-C  
CITY-ST-ZIP ADEL, GA. 31620 ☐ Change ☒ Addition

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

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

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

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

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

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  
THAD E. WILLIAMS, PRESIDENT

Date

1/09/01

Daytime Phone #

(850) 556-2275

0028802

CR2E034 (10/00)