

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90411 046 ***150.00

DOCUMENT # P94000016033

1. Entity Name
PLANTATION BUILDERS, INC.

Principal Place of Business

**1005 PIEDMONT DR W
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14977
TALLAHASSEE FL 32317
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**300 FIRST STREET
Suite, Apt. #, etc.
SUITE 109**

3. Mailing Address

P.O. Box 579

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

City & State

Port St. Joe, Florida

4. FEI Number

59-3229502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, THAD E
1005 PIEDMONT DR W.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

THAD E. WILLIAMS, PRESIDENT THAD E. WILLIAMS

4-11-02

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, 2002 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 ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMS, THAD E**
CITY-ST-ZIP **1005 PIEDMONT DR W.
TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **105 OCEAN RIDGE LANE**
CITY-ST-ZIP **Port St. Joe, Florida 32456**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Charles E. WILLIAMS**
CITY-ST-ZIP **Rt. 1 Box 30-C
ADEL, Ga. 31620**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

THAD E. WILLIAMS

Date

Daytime Phone #

4-11-02 850-227-5796

CR2E034 (9/01)