

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90133 033 ***550.00

DOCUMENT # P94000016033

1. Entity Name
PLANTATION BUILDERS, INC.



Principal Place of Business
**300 FIRST STREET
SUITE 109
PORT ST LUCIE FL 32457**

Mailing Address
**PO BOX 579
PORT ST LUCIE FL 32457
US**



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 SAINT JOE, FLORIDA

City & State
PORT SAINT JOE, FLORIDA

4. FEI Number **59-3229502**

Applied For
Not Applicable

Zip
32457

Country
GULF

Zip
32457

Country
GULF

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 **THAD E. WILLIAMS**

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

14 HIGHWAY 98

City **Mexico Beach**

FL

Zip Code
32410

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 *Thad E. Williams*

(NOTE: Registered Agent signature required when reinstating)

5/27/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **P WILLIAMS, THAD E**
STREET ADDRESS **105 OCEAN RIDGE LANE**
CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE ☒ Delete
NAME **VP WILLIAMS, CHARLES E**
STREET ADDRESS **RT 1 BOX 30C**
CITY-ST-ZIP **ADEL GA 31620**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P THAD E. WILLIAMS**
STREET ADDRESS **14 US Highway 98**
CITY-ST-ZIP **Mexico Beach, FL 32410**

TITLE ☐ Change ☒ Addition
NAME **VP Andrea L. Williams**
STREET ADDRESS **14 US Highway 98**
CITY-ST-ZIP **Mexico Beach, FL 32410**

TITLE ☒ Change ☒ Addition
NAME **Secretary/Treasurer Charles E. Williams**
STREET ADDRESS **RT. 1 Box 30-C**
CITY-ST-ZIP **Adel, Georgia 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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thad E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03

DATE

850-227-5796

Daytime Phone #

CR2E034 (10/02)