

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90063 013 \*\*\*150.00

DOCUMENT # P94000037877

1. Entity Name

WILLIAMS & EUBANKS, INC.

Principal Place of Business

CORNER OF HOUSTON ST. & NOBLES FERRY RD.  
LIVE OAK FL 32060

Mailing Address

P. O. BOX 215  
MCALPIN FL 32062  
US

2. Principal Place of Business

3. Mailing Address

P. O. BOX 260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
O'BRIEN, FL

4. FEI Number 59-3248351

Applied For

Not Applicable

Zip

Country

Zip

32071

Country

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

EUBANKS, KIAH A  
CORNER OF HOUSTON ST. & NOBLES FERRY RD.  
LIVE OAK FL 32060

Name

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

City

FL

Zip Code

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, JAMES H  
17507 CR 250  
LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P. O. BOX 260  
O'BRIEN, FL 32071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EUBANKS, KIAH A  
P. O. BOX 215  
MCALPIN FL 32062

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

Kiah A. Eubanks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

386  
904/935-4216

Daytime Phone #

CR2E034 (10/00)