

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90032 022 \*\*\*400.00

06-30-2000 90005 003 \*\*\*158.75

**DOCUMENT # P94000039590**

i. Entity Name

**WILLIAMS ENGINEERING & TECHNOLOGY, INC.**

Principal Place of Business

**1636 Shadowood Lane**  
**ART MUSEUM DR**  
**106**  
**JACKSONVILLE FL 32207**

Mailing Address

**P.O. BOX 47555**  
**JACKSONVILLE FL 32247-7555**  
**US**

2. Principal Place of Business

**1636 Shadowood Lane**

Suite, Apt. #, etc.

**Suite 106**

City &amp; State

**Jacksonville, FL**

Zip

**32207**

Country

**Duval**

3. Mailing Address

**1636 Shadowood Lane**

Suite, Apt. #, etc.

**Suite 106**

City &amp; State

**Jacksonville, FL**

Zip

**32207**

Country

**Duval**

6. Name and Address of Current Registered Agent

**WILLIAMS, RICHARD B**  
**3695 SANDBURG RD**  
**JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

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, 2000 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 \_\_\_\_\_  
 NAME **P WILLIAMS, RICHARD B** ☐ Delete  
 STREET ADDRESS **2000 ART MUSEUM DR**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
 NAME **P WILLIAMS, RICHARD B.** ☒ Change ☐ Addition  
 STREET ADDRESS **1636 SHADOWOOD LANE, SUITE 106**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Change ☐ Addition  
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TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Change ☐ Addition  
 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: *Richard B. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)