

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90098 029 \*\*\*150.00

**DOCUMENT # P95000001060**

1. Entity Name

**WILLIE'S, INC.**

Principal Place of Business

**4095 TAMiami TR  
PORT CHARLOTTE FL 33952**

Mailing Address

**P.O. BOX 6053  
PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

**3980 ALibi TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**North Port FL**

Zip

Country

Zip

Country

**34286 USA**

4. FEI Number

**65-0546176**

Applied For

Not Applicable

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

**NOLAN, WILLIAM  
1190 MCCRORY ST  
NORTHPORT FL 34287**

Name

**William Nolan**

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

**3980 ALibi Ter**

City

**North Port FL**

Zip Code

**34286**

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

**4/7/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
NOLAN, WILLIAM  
1190 MCCRORY ST  
NORTH PORT FL 34287**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3980 ALibi TERRACE  
North Port, FL 34286**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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☐ Change ☐ Addition  
TITLE  
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:

**STANLEY B. BLOOM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/7/02 941-426-0680**

CR2E034 (9/01)