

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000015074**1. Entity Name  
**BOB WILLIAMS BROKER CORP.****Principal Place of Business**4492 SOUTHSIDE BLVD  
STE 205  
JACKSONVILLE  
32216

FL

**Mailing Address**4492 SOUTHSIDE BLVD  
STE 205  
JACKSONVILLE  
32216

FL

**2. Principal Place of Business**

5836 RICHARD STREET

**3. Mailing Address**

4153 WEATHERWOOD ESTATES DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

JACKSONVILLE

FL

**City & State**

JACKSONVILLE

FL

Zip  
32216

Country

Zip  
32223

Country

**4. FEI Number****65-0563535**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**WILLIAMS ROBERT HJR.  
4153 WEATHERWOOD ESTATES DR  
#1102  
JAX  
32223

FL

US

**7. Name and Address of New Registered Agent****Name**

WILLIAMS ROBERT HJR.

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

4153 WEATHERWOOD ESTATES DR

City  
JAX

FL

Zip Code  
32223

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)

**03/14/2001**

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**

TITLE	PST	<input type="checkbox"/> Delete
NAME	WILLIAMS ROBERT H	
STREET ADDRESS	4153 WEATHERWOOD ESTATES DR	
CITY-ST-ZIP	JAX FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS ROBERT H	
STREET ADDRESS	4153 WEATHERWOOD ESTATES DR	
CITY-ST-ZIP	JAX FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Robert H. Williams, Jr.

Pres

03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)