

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90089 013 \*\*\*158.75

**DOCUMENT # P95000020153**

1. Entity Name

**T. WILLIAMSON ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

316 W 12TH ST #212  
 AUSTIN TX 78701-1840  
 US

PO BOX 684765  
 AUSTIN TX 78768-4765  
 US

**A0001788**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**316 WEST 12TH STREET**

3. Mailing Address

**P.O. BOX 684765**

Suite, Apt. #, etc.

**SUITE 105**

Suite, Apt. #, etc.

City & State  
**AUSTIN, TEXAS**

City & State  
**AUSTIN, TX**

4. FEI Number

**59-3304026**

Applied For

Not Applicable

Zip  
**78701-1840**

Country  
**U.S.A.**

Zip  
**78768-4765**

Country  
**US**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

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 name

SIGNATURE

Signature of registered agent or other authorized person

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 STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, THOMAS A 316 W 12TH ST #212 AUSTIN TX 78701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVT WILLIAMSON, KATHRYN W 3400 MT. BONNELL ROAD AUSTIN TX 78731-5850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILLIAMSON, THOMAS J 3400 MT. BONNELL ROAD AUSTIN TX 78731-5850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, THOMAS A 316 WEST 12ST, #105 AUSTIN, TX 78701-1840	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVT WILLIAMSON, KATHRYN W. 3400 MT. BONNELL ROAD AUSTIN, TX 78731-5850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Thomas A. Williamson, PD** **JANUARY 04, 2000**

CR2E034 (9/99)