2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000042116** May 16, 2000 8:00 am Secretary of State DU-MAR WILLIAMS ENTERPRISES, INC. 05-16-2000 90132 014 ***150.00 Principal Place of Business Mailing Address 1432 SE CORCHESTER CIR 1432 SE CORCHESTER CIR PT ST LUCIE FL 34952-4270 PT ST LUCIE FL 34952 3. Mailing Address 2. Principal Place of Business 1044 Arbor Hills Circle tills Circle Hybor Suite, Apt #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 65-0658659 Not Applicable ተፈላፈነርላ Country \$8.75 Additional Zip Lake 5. Certificate of Status Desired Fee Required 347 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (NO. Box Number is Not Acceptable) WILLIAMS, DUANE 114 SW EYERLY AVE PT ST LUCIE FL 34983 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE ☐ Delete TITLE NAME WILLIAMS, DUANE NAME Arbor Itills Circle STREET ADDRESS 1432 SE COLCHESTER CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL Change ☐ Addition ☐ Delete TITLE NAME WILLAMI, MARILYN NAME Arbur Hills Circle STREET ADDRESS STREET ADDRESS 1432 SE COLCHESTER CIR Clermont, Fr 347 CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

FICER OR DIRECTOR