

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005817

1. Entity Name
PRINCE WILLIAM CONSULTANT CORPORATION

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90039 027 ***150.00

Principal Place of Business

**26123 FAWNWOOD COURT
BONITA SPRINGS FL 34134**

Mailing Address

**26123 FAWNWOOD COURT
BONITA SPRINGS FL 34134**

2. Principal Place of Business

26041 MANDEVILLA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

26041 MANDEVILLA DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number **59-3420818**

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMP, WILLIAM A III
26123 FAWNWOOD COURT
BONITA SPRINGS FL 34134**

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

1-11-2001

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 **D** ☐ Delete
NAME **HAMP, WILLIAM A III**
STREET ADDRESS **26123 FAWNWOOD COURT**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P S** ☒ Change ☐ Addition
NAME **WILLIAM A. HAMP III**
STREET ADDRESS **26041 MANDEVILLA DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE ☐ Change ☐ Addition
NAME
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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:

William A. Hamp III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2001 941 498-3738

Date

Daytime Phone #

CR2E034 (10/00)