

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
05-30-2000 90103 017 \*\*\*150.00

DOCUMENT # **P 97000005936**

1. Entity Name  
**WILLIAM'S MASONRY OF NAVARRE, INC.**

Principal Place of Business Mailing Address  
**9066 QUAIL ROOST DR 9066 QUAIL ROOST DR**  
**NAVARRE FL 32566 NAVARRE FL 32566**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3427762** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**661550**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, RANDALL A**  
**9066 QUAIL ROOST DR**  
**NAVARRE, FL 32566**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS RANDALL</b>	
STREET ADDRESS	<b>9066 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, FRANCES E</b>	
STREET ADDRESS	<b>9064 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS JOSEPH A</b>	
STREET ADDRESS	<b>9066 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:  **RANDALL A. WILLIAMS** **5-16-00** **850939 3907**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)