

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90076 023 \*\*\*150.00

**DOCUMENT # P97000023507**  
1. Entity Name  
**WILLIAM ENTERPRISES OF WEST PALM BEACH, INC.**



Principal Place of Business  
**5642 LINCOLN CIRCLE EAST  
LAKE WORTH FL 33463**

Mailing Address  
**5642 LINCOLN CIRCLE EAST  
LAKE WORTH FL 33463**



2. Principal Place of Business  
**555 Arlington Drive**  
Suite, Apt. #, etc.  
**West Palm Beach**  
City & State  
**FL**

3. Mailing Address  
**555 Arlington Drive**  
Suite, Apt. #, etc.  
**West Palm Beach, FL**  
City & State  
**West Palm Beach, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0732729** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VEGA, WILLIAM  
5642 LINCOLN CIRCLE EAST  
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent  
Name **Vega, William**  
Street Address (P.O. Box Number is Not Acceptable)  
**555 Arlington Drive**  
City **West Palm Beach FL** Zip Code **33415**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Vega* **316103**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VEGA, WILLIAM</b> <b>5642 LINCOLN CIRCLE EAST</b> <b>LAKE WORTH FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vega, William</b> <b>555 Arlington Drive</b> <b>West Palm Beach, FL 33415</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Vega* **3-6-03** **561/582-5129**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

14-10734  
AV

CR2E034 (10/02)