

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2001 90086 015 ***150.00

DOCUMENT # P97000061400

1. Entity Name
WILLIAM LIMITED, INC.

Principal Place of Business

Mailing Address

**91 NE 40TH STREET
 MIAMI FL 33137**

**91 NE 40TH STREET
 MIAMI FL 33137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10225 COLLINS AVE

10225 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

743

743

City & State

City & State

BAL HARBOUR, FL.

BAL HARBOUR, FL.

4. FEI Number **65-0766814**

Applied For

Not Applicable

Zip

Country

33154

U.S.A.

Zip

Country

33154

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENSINGER, JACK W
 91 NE 40TH STREET
 MIAMI FL 33137**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

10225 COLLINS AVE. #743

BAL HARBOUR

City

FL

Zip Code

33154

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

Jack W. Kensing

1/12/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	KENSINGER, JACK W	10225 COLLINS AVE	BAL HARBOUR FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jack W. Kensing
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK W. KENSINGER

Date

Daytime Phone #

1/12/01 305-868-889

CR2E034 (10/00)