

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068811

1. Entity Name

WILLIAMS AND SMITHERS, INC.

Principal Place of Business

Mailing Address

SHEAR MADNESS
4424 CORTEZ ROAD
BRADENTON FL 34210

SHEAR MADNESS
4424 CORTEZ ROAD
BRADENTON FL 34210

2. Principal Place of Business

Creek Boutique

3. Mailing Address

Creek Boutique

Suite, Apt. #, etc.

5353 S. Tamiami tr Suit A

Suite, Apt. #, etc.

5353 S. Tamiami tr

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

Zip

34231

Country

4. FEI Number

65-0772097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CARLSON, KEVIN
6514 KIM LINDA LANE
SARASOTA FL 34243

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

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 ☐ Delete
NAME D
STREET ADDRESS CARLSON, KEVIN
CITY-ST-ZIP 6514 KIM LINDA LANE
SARASOTA FL 34243

TITLE ☐ Delete
NAME D
STREET ADDRESS CARLSON, CHARLENE
CITY-ST-ZIP 6514 KIM LINDA LANE
SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, I am empowered.

SIGNATURE:

Kevin Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90073 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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