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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 22, 2001 8:00 am DOCUMENT # P97000072016 **Secretary of State** E. WILLIAMS INVESTMENT, INC. 02-22-2001 90007 050 ***150.00 Principal Place of Business Mailing Address 3350 NAVY BLVD 3350 NAVY BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #./etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3462151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEES, DAVID L Street Address (P.O. Box Number is Not Acceptable) 3300 N PACE BLVD, STE 315 PENSACOLA FL 32505 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President ☐ Defete TITL F TITLE ☐ Change CHIANG, CHU-YIN Chiang, Chu-Yin STREET ADDRESS 9812 PINEBRAKE CT STREET ADDRESS 1360 Random Oaks Place CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Pensacola, FL 32514 Vice President ☐ Delete ☐ Change Chen, Chein-Wei NAME WILLIAMS, ESTHER H-O 1360 Random Daks Place STREET ADDRESS STREET ADDRESS 9812 PINEBRAKE CT Pensaula, FL 32514 CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP Treasury TITLE ☐ Delete TITLE ☐ Addition Williams, Esther H-D 9812=Pinebrake Ct. NAME NAME STREET ADDRESS STREET ADDRESS Pensawla, FL 32514 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.