

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90002 029 \*\*\*150.00

DOCUMENT #

1. Entity Name

7980000008908  
 ELIZABETH A. WILLIAMS INC.

Principal Place of Business

Mailing Address

6690 WEST MAC LANE  
 HOMOSASSA, FL. 34446.

C0072266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3501632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIZABETH A. WILLIAMS  
 6690 WEST MAC LANE  
 HOMOSASSA, FL.  
 34446

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 ELIZABETH A. WILLIAMS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ELIZABETH A. WILLIAMS 6-25-01

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  
 OWNER - PRESIDENT-SEC  
 ELIZABETH A. WILLIAMS  
 6690 WEST MAC LANE  
 HOMOSASSA, FL. 34446

☐ Delete

TITLE  
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 STREET ADDRESS  
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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:

ELIZABETH A. WILLIAMS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

attachment DOC # P98000008988

C6072266

6-25-2001

To Whom it may concern,

I did not recieve my 2001 Uniform Business Report and had to  
call for a form so that I could file it.

Check is enclosed for 150.00 for filing fee

Thank You

Elizabeth A. Williams

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