FILED Apr 28, 2003 8:00 am Secretary of State

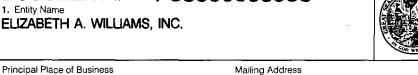
04-28-2003 90529 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000008988

ELIZABETH A. WILLIAMS, INC.



6690 W MAE LANE HOMOSASSA FL 34446		8690 W MAE LANE HOMOSASSA FL 34446			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
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
Name and Address of Current Registered Agent				7. Name and Address of New Registered	Agent
WILLIAMS, ELIZABETH A 6690 WEST MAE LANE			Name Street Address	dress (P.O. Box Number is Not Acceptable)	
HOMOSA	SSA FL 34446		City	FI	Zip Code
the obligat	ions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am	
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating) DATE	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of OFFICERS AND	of State	11.	9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AN	\$5.00 May Be Added to Fees
10.	D OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, ELIZABETH A 6690 WEST MAE LANE HOMOSASSA FL 34446	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07/2V/i\ Florido Statutos I further oc	☐ Change ☐ Addition

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: