

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91131 031 ***158.75

DOCUMENT # P98000015797

1. Entity Name
WALTER F. WILLIAMS, INC.

Principal Place of Business
6330 WOODSPRAY LANE
TEMPLE TERRACE FL 33617

Mailing Address
6330 WOODSPRAY LANE
TEMPLE TERRACE FL 33617

2. Principal Place of Business
5903 Soaring Ave
 Suite, Apt. #, etc.

3. Mailing Address
5903 Soaring Ave
 Suite, Apt. #, etc.

City & State
Temple Terrace, FLA
Zip **33617** **Country**

City & State
Temple Terrace, FLA
Zip **33617** **Country**

4. FEI Number **59-3497567**

Applied For
☒ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, WALTER F
6330 WOODSPRAY LANE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5903 Soaring Ave
Temple Terrace
City **FL** **Zip Code** **33617**

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 Walter F. Williams W F Williams 4/28/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **WILLIAMS, WALTER F**
STREET ADDRESS **6330 WOODSPRAY LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **Walter Williams**
STREET ADDRESS **5903 Soaring Ave**
CITY-ST-ZIP **Temple Terrace, FLA 33617**

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

TITLE ☐ **Change** ☐ **Addition**
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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.

SIGNATURE: W F Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 813-899-2010
Date **Daytime Phone #**

CR2E034 (9/01)