**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048525  1. Entity Name					Apr 29, 2002 8:00 am Secretary of State		
	LLIAMS FINANCIAL SERVICE	S, INC.				0092 021 ***150	
Principal Place of Business Mailing Address  3200 U.S. HWY 27 SOUTH, STE 204  STE 206  SEBRING FL 33870  Mailing Address  3200 U.S. HWY 27 SOUTH, STE 204  STE 206  SEBRING FL 33870					1 ( <b>88</b> 0) <b>) 8</b> 0) 100 (80) 15 (18 0) 16 (18 0)	AANH BANN ANDAN DOBA BAND	וכפו ועום וחמור
	Place of Business	3. Mailing Address 21 Ryant Blvd.					
City & Sta		Suite, Apt. #, etc.				IN THIS SPACE	
Scbr Zip	ing, FL Country	Sebring,	Country	4.	65-0848381	N	pplied For lot Applicable
<u> </u>	<u> </u>	<i>3</i> 3872	Country	5.	Certificate of Status Desired	See Require	
	6. Name and Address of Current R	egistered Agent	Name	7,	Name and Address of New Re	gistered Agent	
STATLER, PHILLIP W 3531 US HWY 27 SOUTH				Street Address (P.O. Box Number is Not Acceptable)			
SEBRING FL 33870							,,
			City			FL Zip Coo	le
				.00 550.00	10. Election Campaign Financing \$5.00 May Be		
11,	OFFICERS AND D		12.	ΑI	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, RICHARD C 3200 U.S. HWY 27 SOUTH, STE 20 SEBRING FL 33870	☐ Delete  04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 Rv	ams, Richard C ant Blvd. ng, FL 33872	□ Change	Addition
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	VPS WILLIAMS, JOYCE A 3200 U.S. HWY 27 SOUTH, STE 20 SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 Ry	ams, Joyce A ant Blvd. ng, FL 33872	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	erzene, kie zwierze zuwiele zu zuwiele zwierze zu zuwiele zu zu zuwiele zu zuwiele zu zu zu zu zu zu zu zu zu	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	j	- american	☐ Change	Addition
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TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
<ol> <li>I hereby conditions indicated of the corporate changed.</li> </ol>	pertify that the information supplied with the on this report or supplemental report is true poration or the receive or trust of empower or on an attachment with applicates, with	is filing does not qualify for to be and accurate and that my ered to execute this report a mall other like empowered.	he exemption stat signature shall h s required by Cha	ted in Section ave the same apter 607, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oatl da Statutes; and that my name a	rther certify that the in n; that I am an officer ppears in Block 11 or	formation or director Block 12 if

Richard C Williams 4-11-02
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_