

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058202

1. Entity Name

LES WILLIAMS & ASSOCIATES INC

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90122 024 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 442
MOUNT DORA FL 32756

P.O. BOX 442
MOUNT DORA FL 32756

2. Principal Place of Business

3. Mailing Address

3725 Hwy 19A
Suite, Apt. #, etc.

3725 Hwy 19A
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

4. FEI Number

59-3538411

Applied For

Not Applicable

Zip

Country

32757 USA

Zip

Country

32757 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, CHARLES E JR
77 ALAMERIA ST
ST. AUGUSTINE FL 32084

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

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, 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
PVST
WILLIAMS, EDWIN L
P.O. BOX 442 N/A
MOUNT DORA FL 32756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3725 Hwy 19A
MOUNT DORA FL 32757 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, EDWIN L
P.O. BOX 442 N/A
MOUNT DORA FL 32756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3725 Hwy 19A
MOUNT DORA FL 32757 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

352 383 1664
Daytime Phone #

CR2E034 (10/00)