

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064927

1. Entity Name

HAVERHILL COMMERCE PARK, INC.

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

04-30-2001 90090 010 ***150.00

Principal Place of Business

C/O EDWARD S WILLIAMS
6080 TERRA ROSA CIRCLE
BOYNTON BCH FL 33437

Mailing Address

C/O EDWARD S WILLIAMS
6080 TERRA ROSA CIRCLE
BOYNTON BCH FL 33437

2. Principal Place of Business

2247 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

SUITE 204

City & State

WEST PALM BEACH FL

Zip

33409

Country

US

3. Mailing Address

2247 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

SUITE SUITE 204

City & State

WEST PALM BEACH FL

Zip

33409

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0856476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, EDWARD S
6080 TERRA ROSA CIRCLE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

WILLIAMS, EDWARD S.

Street Address (P.O. Box Number is Not Acceptable)

2247 PALM BEACH LAKES BLVD.

SUITE 204

City

WEST PALM BEACH

FL

Zip Code

33409

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

EDWARD S. WILLIAMS, PRESIDENT

4/24/01

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

(NOTE: Registered Agent signature required when re-instating)

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

TITLE PD ☐ Delete
NAME WILLIAMS, EDWARD S
STREET ADDRESS 6080 TERRA ROSA CIRCLE
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE ST ☐ Delete
NAME COLLINS, TRACY
STREET ADDRESS 41-B LIVINGSTON ST.
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

EDWARD S. WILLIAMS, PRESIDENT

4/24/01

561-684-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)