

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070842

1. Entity Name

DANIEL R. WILLIAMS, INC.

Principal Place of Business

948 POINCIANA LANE 1650 OAKHURST AVE.
WINTER PARK FL 32789

Mailing Address

948 POINCIANA LANE 1650 OAKHURST AVE.
WINTER PARK FL 32789

2. Principal Place of Business

1650 OAKHURST AVE.

3. Mailing Address

1650 OAKHURST AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FLA

City & State

WINTER PARK, FLA

4. FEI Number

59-3526196

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

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

WILLIAMS, DANIEL R

948 POINCIANA LANE 1650 OAKHURST AVE.
WINTER PARK FL 32789

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] President

8-20-2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME WILLIAMS, DANIEL R
STREET ADDRESS 948 POINCIANA LANE 1650 OAKHURST AVE.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

8-20-2000

Date

407-644-8917

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 045 ***550.00



DO NOT WRITE IN THIS SPACE