

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 001 ***550.00

0010679 AV

DOCUMENT # P98000070842

1. Entity Name
DANIEL R. WILLIAMS, INC.

Principal Place of Business
1650 OAKHURST AVE
WINTER PARK FL 32789

Mailing Address
1650 OAKHURST AVE
WINTER PARK FL 32789

2. Principal Place of Business
637 Blairshire Circle
 Suite, Apt. #, etc.

3. Mailing Address
637 Blairshire Circle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FLA.
 Zip
32792
 Country
USA

City & State
Winter Park, FLA.
 Zip
32792
 Country
USA

4. FEI Number
59-3526196

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DANIEL R
1650 OAKHURST AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Daniel R. Williams
 Street Address (P.O. Box Number is Not Acceptable)
637 Blairshire Circle
 City
Winter Park **FL** Zip Code
32792

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

(NOTE: Registered Agent signature required when reinstating)

DATE
8-27-01

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 12, 2001 Fee 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

TITLE
D
 NAME
WILLIAMS, DANIEL R
 STREET ADDRESS
1650 OAKHURST AVE
 CITY-ST-ZIP
WINTER PARK FL 32789

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
Daniel R. Williams
 STREET ADDRESS
637 Blairshire Circle
 CITY-ST-ZIP
Winter Park, FL 32792

☐ Change ☐ Addition

Address Change

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-01

Date

407-644-8917

Daytime Phone #

CR2E034 (5/01)