

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90659 010 ***150.00

0352010 AV

DOCUMENT # P98000073079

1. Entity Name
WILLIAMS & ASSOCIATES GENERAL CONTRACTORS, INC.

Principal Place of Business
131 ALHAMBRA PLACE
WEST PALM BEACH FL 33405

Mailing Address
131 ALHAMBRA PLACE
WEST PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 East Linton Blvd
 Suite, Apt. #, etc.
Suite 152-A
 City & State
Delray Beach FL
 Zip
33483 Country
Palm Beach

3. Mailing Address
100 East Linton Blvd.
 Suite, Apt. #, etc.
Suite 152 A
 City & State
Delray Beach FL
 Zip
33483 Country
Palm Beach

4. FEI Number **65-0857315** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, GARY S
131 ALHAMBRA PL.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
100 East Linton Blvd.
Suite 152 A
 City
Delray Beach **FL** Zip Code
33483

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 DATE **4-1-02**
Signature of principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GARY S		NAME		
STREET ADDRESS	131 ALHAMBRA PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHEILA		NAME		
STREET ADDRESS	131 ALHAMBRA PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDITZ, ROBERT A		NAME		
STREET ADDRESS	131 ALHAMBRA PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE **4-1-02** DAYTIME PHONE # **561-243 0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)