

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091583

1. Entity Name

WILLIE CORPORATION

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90018 041 \*\*\*150.00

Principal Place of Business

WILLIE CORPORATION

Mailing Address

751 West Harbor Drive South  
Saint Petersburg, FL. 33705

00000000

2. Principal Place of Business

WILLIE CORPORATION

3. Mailing Address

751 West Harbor Dr. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Saint Petersburg, FL.

City & State  
Saint Petersburg, FL.

4. FEI Number  
59-3540771

Applied For

Not Applicable

Zip  
33705

Country  
U.S.A.

Zip  
33705

Country  
U.S.A.

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

Bobby Willie Cummings  
751 West Harbor Drive South  
Saint Petersburg, FL., 33705

Name  
Bobby Willie Cummings

Street Address (P.O. Box Number is Not Acceptable)  
751 West Harbor Drive South

City  
Saint Petersburg

FL

Zip Code  
33705

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

*Bobby Willie Cummings*

4-25-2000

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

Bobby Willie Cummings

SIGNATURE:

*Bobby Willie Cummings*

4-25-2000 727-550-1116

Date

Daytime Phone #

CR2E034 (9/99)