FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90319 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098637

1. Entity Name
Williams Tyler, Inc.

90114284

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Ronald P. Ponzoli, Esq.	c/o Ronald P. Ponzoli, Esq.
Suite, Apt. #, etc. 3250 Mary St., Ste. 405	Suite, Apt. #, etc. 3250 Mary St., Ste. 405
City & State Miami, Florida	City & State Miami, Florida
Zip 33133 Country U.S.A.	Zip 33133 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 650877735 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Ronald P. Ponzoli, Esq.
Street Address (P.O. Box Number is Not Acceptable) Ponzoli, Wassenberg, Sperkacz + Keller
3250 Mary Street, Suite 405
City Miami, FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] (Ronald P. Ponzoli), Partner 4-29-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/T	TITLE	
NAME	Doris Williams	NAME	
STREET ADDRESS	522 Malaga Avenue, #4	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Doris Williams	NAME	
STREET ADDRESS	522 Malaga Avenue, #4	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Doris Williams 4-29-03 305-442-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #