

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90151 040 \*\*\*150.00

11030300 1A1

DOCUMENT # **P99000010459**

1. Entity Name  
**S & O MERCHANDISE BROKERS, INC.**



Principal Place of Business  
**3153 NW 114 AVE  
CORAL SPRINGS FL 33065-3105**

Mailing Address  
**3153 NW 114 AVE  
CORAL SPRINGS FL 33065-3105**



2. Principal Place of Business  
**S14 PEERLESS CIRCLE  
Suite, Apt. #, etc.  
LEHIGH ACRES**

3. Mailing Address  
**S14 PEERLESS CIRCLE  
Suite, Apt. #, etc.  
LEHIGH ACRES**

City & State  
**33936 FLORIDA**

City & State  
**33936 FLORIDA**

Zip Country  
**Country**

Zip Country  
**Country**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WILLIAMS, SEYMORE  
3153 NW 114 AVE  
CORAL SPRINGS FL 33065-3105**

7. Name and Address of New Registered Agent

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

SIGNATURE *Seymour Williams* *Seymour Williams* **4/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, SEYMORE 3153 NW 114 AVE CORAL SPRINGS FL 33065-3105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKFORD-WILLIAMS, OLIVINNE 3153 NW 114 AVE CORAL SPRINGS FL 33065-3105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HENRY, ANTHONY 3163 NW 114 AVE CORAL SPRINGS FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G/M MARK ANTHONY WILLIAMS -S14 PEERLESS CIRCLE LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Seymour Williams* **Seymour Williams** **4/25/03** **954-346-2131**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)