

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000013706**1. Entity Name
E WILL & ASSOCIATES, INC.Principal Place of Business
P.O. BOX 403
SAFETY HARBOR FL 34695
Mailing Address
P.O. BOX 403
SAFETY HARBOR FL 346952. Principal Place of Business
4468 ROANOAK WAY
3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM HARBOR FL
City & StateZip
34685
Country
Zip
Country4. FEI Number
59-3573056
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS ERIC D
340 CAMBRIA COURT

SAFETY HARBOR FL 34695 US

7. Name and Address of New Registered Agent

Name
WILLIAMS ERIC D
Street Address (P.O. Box Number is Not Acceptable)
4468 ROANOAK WAYCity
PALM HARBOR FL
Zip Code
34685

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 **ERIC D. WILLIAMS**

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

(NOTE: Registered Agent signature required when reinstating)

03/04/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS ERIC D
340 CAMBRIA CT.
SAFETY HARBOR FL 34695 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: **ERIC D. WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

03/04/2001

Date

Daytime Phone #

CR2E034 (11/00)

NORMAN MILLER VP
314 LOS PRADOS DRIVE

SAFETY HARBOR, FL 34695