

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016642

1. Entity Name

THE THREE WILLIAMS CORP.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90138 003 ***150.00

Principal Place of Business

14200 LEANING PINE DRIVE
MIAMI LAKES FL 33014

Mailing Address

14200 LEANING PINE DRIVE
MIAMI LAKES FL 33014

2. Principal Place of Business

6911 Vista Pkwy North
Suite, Apt. #, etc.

3. Mailing Address

6911 Vista Pkwy North
Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0923541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL B ESQ.
777 BRICKELL AVENUE
SUITE 900 SUN TRUST BUILDING
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 State

10. 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, JERRY W
14200 LEANING PINE DRIVE
MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Todd Williams J TODD WILLIAMS

4/2/01
Date

561-697-4888
Daytime Phone #

CR2E034 (10/00)