2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020175

R

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-15-2000 90250 023 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name

CHESTER W. WILLIAMS, INC.

Principal Place of Business	Mailing Address
420 EAST PINE AVE. CRESTVIEW FL 32639	420 EAST PINE AVE. CRESTVIEW FL 32539-2808

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — [X] Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, DANIEL C
420 EAST PINE AVE.
CRESTVIEW FL 32639

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] — April 28, 2000
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CHESTER W 420 EAST PINE AVE. CRESTVIEW FL 32639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAMPBELL, DANIEL C 420 EAST PINE AVE. CRESTVIEW FL 32639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] — April 28, 2000 — 850-682-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc #P99000020175
104920

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
CHESTER W. WILLIAMS, INC.,

2 Trade name of business, if different from name in line 1
SAME

3 Executor, trustee, "care of" name
CHESTER W. WILLIAMS

4a Mailing address (street address) (room, apt., or suite no.)
420 EAST PINE AVENUE

5a Address of business (See instructions.)
420 EAST PINE AVENUE

4b City, state, and ZIP code
CRESTVIEW, FL. 32539

5b City, state, and ZIP code
CRESTVIEW, FL. 32539

6 County and state where principal business is located
OKALOOSA

7 Name of principal officer, grantor, or general partner (See instructions.) ▶
CHESTER W. WILLIAMS, SS # 253-38-1526

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ___
- ☐ Other (specify) ▶ ___
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate
- ☐ Plan administrator SSN ___
- ☒ Other corporation (specify) NEW CORPORATION
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

If nonprofit organization enter GEN (if applicable) ___

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶

Foreign country: N/A

State: FLORIDA

9 Reason for applying (Check only one box.)

- ☒ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ___
- ☐ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☐ Other (specify) ▶ ___

10 Date business started or acquired (Mo., day, year) (See instructions.)
3-1-1999

11 Enter closing month of accounting year. (See instructions.)
12-2000

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ NONE

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (See instructions.) ▶ TO OWN AND DEVELOP REAL PROPERTY

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.
True name ▶ N/A Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
N/A	850-682-6164	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Telephone number (include area code)

Name and title (Please type or print clearly.) ▶ CHESTER W. WILLIAMS

Signature ▶ Daniel Campbell Secretary for Chester W Williams Inc Date ▶ 30 MAY 2000

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form **SS-4** (Rev. 4-91)