

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90344 026 ***150.00

DOCUMENT # P99000026091

1. Entity Name

WILLIAMS CUSTOM HOMES, INC.

Principal Place of Business

**4130 1ST AVE. N.W.
 NAPLES FL 34119**

Mailing Address

**4130 1ST AVE. N.W.
 NAPLES FL 34119**

2. Principal Place of Business

1941 16th St. N.E.

Suite, Apt. #, etc.

3. Mailing Address

1941 16th St. N.E.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

Zip

34120

Country

USA

Zip

34120

Country

USA

4. FEI Number

59-3569520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WILLIAMS, STACEY L
 4130 1ST AVE. N.W.
 NAPLES FL 34119**

*same
 name
 new
 address*

7. Name and Address of New Registered Agent

Name

Stacey L. Williams

Street Address (P.O. Box Number is Not Acceptable)

1941 16th St. NE

City

Naples

FL

Zip Code

34120

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

Stacey Williams pres.

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

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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, 2002 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 **DPVT** ☐ Delete
 NAME **WILLIAMS, STACEY L**
 STREET ADDRESS **4130 1ST AVE. N.W.**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☒ Change ☐ Addition
 NAME **Williams, Stacey L**
 STREET ADDRESS **1941 16th St. N.E**
 CITY-ST-ZIP **Naples, FL 34120**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Stacey Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

DATE

239

941-352-1168

Daytime Phone #

CR2E034 (9/01)