

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 011 ***150.00

DOCUMENT # P99000027068
1. Entity Name
VERNON WILLIAMS CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
246 Baisden Road
Suite, Apt. #, etc.

3. Mailing Address
246 Baisden Road
Suite, Apt. #, etc.

831590

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32218

Country
USA

4. FEI Number
593365983

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Randal C. Fairbanks

Street Address (P.O. Box Number is Not Acceptable)
217 Ponte Vedra Park Drive

Suite 200

City
Ponte Vedra Beach FL Zip Code
32082

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)

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	President Vernon Williams 246 Baisden Road Jacksonville, Florida 32218
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vernon Williams **3/29/02** **7575909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #