


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 PM 12:25

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|---------|--|---------|
| DOCUMENT # P99000032831 | |  | |
| 1. Entity Name WILLIAMS UTILITY CONSTRUCTION, CO. | | | |
| Principal Place of Business 5875 HAVEN LANE TALLAHASSEE, FL 32311 | | Mailing Address P.O. BOX 11156 TALLAHASSEE, FL 32302 | |
| 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 59-3568722 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROWN, VERNITA 4614 CHAPARRAL LN. TALLAHASSEE, FL 32303 | | 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <i>Vernita Brown</i> (NOTE: Registered Agent signature required while registering) DATE | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 40002234587 08/15/03--01038--026 *58.75 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| P WILLIAMS, WILLIE 608 WINDWARD LANE TALLAHASSEE, FL 32311 | | Change Addition | |
| Delete | | Change Addition | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Willie Williams</i> | | 850/251-9453 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

WILLIAMS UTILITY CONSTRUCTION CO
P. O. BOX 11156
TALLAHASSEE, FL 32302
850/933-7632



Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to request that the late filing fee be waived due to this Company never having received our notification that it was time to submit the Uniform Business Report for 2003. It was not detected until some paperwork we were submitting required a copy of our Certificate and at that time it was noted that it had expired.

Any assistance on the above matter would be greatly appreciated.

Sincerely

A handwritten signature in cursive script that reads "Willie Williams".

Willie Williams
President