

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90287 020 \*\*\*158.75

0071559 AV

**DOCUMENT # P99000050830**

1. Entity Name

**B.L. WILLIAMS ELECTRICAL, INC.**



Principal Place of Business  
**4400 N.W. 16TH ST  
LAUDERHILL FL 33313**

Mailing Address  
**4400 N.W. 16TH ST  
LAUDERHILL FL 33313**

2. Principal Place of Business

**2252 NW 29th ST.**

Suite, Apt. #, etc.

3. Mailing Address

**2252 NW 29th ST**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**OAKLAND PK FL**

City & State

**OAKLAND PK FL**

4. FEI Number

**65-0922511**

Applied For

Not Applicable

Zip

**33313**

Country

**BROWARD**

Zip

**33313**

Country

**BROWARD**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, BARRINGTON L  
4400 N.W. 16TH ST  
LAUDERHILL FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, BARRINGTON L 4400 N.W. 16TH ST LAUDERHILL FL 33313</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LUDERS, ANDRE 2252 NW 29 STREET FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/2003**

**954-486-3473**

Date Daytime Phone #

CR2E034 (4/03)

*Attachment*

86137581

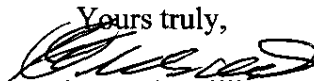
#P99000050830

**BL WILLIAMS ELECTRICAL, INC**  
**2252 NW 29<sup>th</sup> St**  
**Oakland Pk. Fl 33311**

Sir/Madam,

In our transition to a new address we might not have received, or misplace the previous registration letter, so we are asking that the late fees that we accrued be waived.

Yours truly,

  
Barrington L Williams