

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

099000061110

1. Entity Name

WILLIAMSON ECONOMICS GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 018 ***158.75

Principal Place of Business

780 NE 69TH ST.
#1202
Miami, FL 33138

Mailing Address

444 Brickell Ave.
Suite 51226
Miami, FL 33131

2. Principal Place of Business

780 NE 69TH ST.

Suite, Apt. #, etc.

1202

City & State
MIAMI, FL

Zip
33138

Country
USA

3. Mailing Address

444 Brickell Ave.

Suite, Apt. #, etc.

51226

City & State
MIAMI, FL

Zip
33131

Country
USA

4. FEI Number

65-0931447

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00047976

6. Name and Address of Current Registered Agent

J. Bradford Williamson
780 NE 69TH ST., #1202
Miami, FL 33138

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

J. Bradford Williamson

4-25-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

President
J. Bradford Williamson
780 NE 69TH ST., #1202
Miami, FL 33138

☐ Delete

Vice President
(same as above)

☐ Delete

Secy/Treas
(same as above)

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J. Bradford Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 (305) 759-1478

Date

Daytime Phone #

CR2E034 (9/99)