

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090642

1. Entity Name
WILLIS-PREDI, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90035 032 ***150.00

Principal Place of Business Mailing Address
11781 WATTLE TREE ROAD NORTH JACKSONVILLE FL 32246 **11781 WATTLE TREE ROAD NORTH JACKSONVILLE FL 32246-9752**

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3606393** Applied For Not Applicable

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

WILLIS, LEONARD H
11781 WATTLE TREE ROAD NORTH
JACKSONVILLE FL 32246

Name **Willis, Leonard H.**
Street Address (P.O. Box Number is Not Acceptable) **10135 Beach Boulevard**
City **Jacksonville** FL Zip Code **32246**

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 **Leonard H. Willis, President** Jan 28, 2000
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)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, LEONARD H	
STREET ADDRESS	11781 WATTLE TREE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, AGNIESZKA	
STREET ADDRESS	11781 WATTLE TREE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, LEONARD H	
STREET ADDRESS	11781 WATTLE TREE ROAD, NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, AGNIESZKA	
STREET ADDRESS	11781 WATTLE TREE ROAD, NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **Leonard H. Willis** Jan 28, 2000 (904) 472-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)