

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90159 040 ***150.00

DOCUMENT # S38613

1. Entity Name

B. WILLIAMS H & G CENTER, INC.

Principal Place of Business

~~P.O. BOX 1201~~
CRAWFORDVILLE FL 32327

Mailing Address

~~P.O. BOX 1201~~
CRAWFORDVILLE FL 32327

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

59-3054269

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

~~WILLIAMS, WANDA~~

~~3251 CRAWFORDVILLE HWY.~~
~~CRAWFORDVILLE FL 32327~~

Name

JAMES L WILLIAMS

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

3215 CRAWFORDVILLE HWY

City

CRAWFORDVILLE

FL

Zip Code

32327

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

James L Williams

4-25-02

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, 2002 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 ☐ Delete
 NAME **DP WILLIAMS, WANDA**
 STREET ADDRESS **P.O. BOX 1201 CRAWFORDVILLE HWY**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete
 NAME **President**
 STREET ADDRESS **JAMES L. WILLIAMS**
 CITY-ST-ZIP **3215 CRAWFORDVILLE HWY**
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James L Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L WILLIAMS

Date

Daytime Phone #

4-25-02 850-926-2335

CR2E034 (9/01)