

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90267 018 ***150.00

B0006683

DO NOT WRITE IN THIS SPACE

DOCUMENT # S47858

1. Entity Name

WILLIAMS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**11944 HARBOUR COVE DR SOUTH
JACKSONVILLE FL 32225-1678****11944 HARBOUR COVE DR S
JACKSONVILLE FL 32225-1678**

2. Principal Place of Business

**11944 Harbour Cove Dr. S.
Jacksonville, FL 32225-1678**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3065943

Applied For

Not Applicable

Zip

Country

32225-1678 Duval

Zip

Country

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

**WOLF, WAYNE A.
3733 UNIVERSITY BLVD. WEST
SUITE 106
JACKSONVILLE FL 32217**

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.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	WILLIAMS, RAYMOND T.	11944 HARBOUR COVE DR SOUTH	JACKSONVILLE FL 32225-1678	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

D	WILLIAMS, SUSAN S.	11944 HARBOUR COVE DR SOUTH	JACKSONVILLE FL 32225-1678	<input type="checkbox"/>
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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:

Raymond T. Williams, President
SIGNATURE
Raymond T. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-00

Daytime Phone #

(904) 998-0818