

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

05-22-2003 90136 028 ***550.00

DOCUMENT # S78177

1. Entity Name

WILLIAMS RISK MANAGEMENT, INC.



Principal Place of Business
7000 GRIFFIN RD.
BROOKSVILLE FL 34601-7750

Mailing Address
7000 GRIFFIN RD.
BROOKSVILLE FL 34601-7750

55052903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3084687**

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, BILLY E JR.
7000 GRIFFIN RD.
BROOKSVILLE FL 34601-7750

Name **Dawne Williams**
Street Address (P.O. Box Number is Not Acceptable)
7000 Griffin Rd.
Brooksville **34601**
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

7/24/03

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 **P**
NAME **WILLIAMS, BILLY E JR.** ☒ Delete
STREET ADDRESS **7000 GRIFFIN RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34601-7750**

TITLE **P**
NAME **Dawne Williams** ☐ Change ☒ Addition
STREET ADDRESS **7000 Griffin Rd.**
CITY-ST-ZIP **Brooksville, FL 34601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/24/03

Date

(352) 279-1152

Daytime Phone #

0141796 AT

10/1/03 10:03 AM