

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90078 005 ***150.00

DOCUMENT # S95912

1. Entity Name
WILLIAMS CANAL CORPORATION



Principal Place of Business
**100 SHIPYARD DRIVE
BOX 336
BRUNSWICK GA 31520
US**

Mailing Address
**100 SHIPYARD DR
BOX 336
BRUNSWICK GA 31520
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1981340**

Applied For
Not Applicable

Zip Country

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

**CHRITTON, J K
ROGERS TOWERS ET AL
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE FL 32207**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PTD** ☐ Delete
NAME **WILLIAMS, BURCH**
STREET ADDRESS **100 SHIPYARD DRIVE**
CITY-ST-ZIP **BRUNSWICK GA 31520**

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

TITLE **VPAS** ☐ Delete
NAME **GIBBONS, JAMES C**
STREET ADDRESS **49 TITUS LANE**
CITY-ST-ZIP **COLD SPRINGS HARBOUR NY**

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

TITLE **S** ☐ Delete
NAME **MARIOTTI, REBECCA**
STREET ADDRESS **1301 RIVERPLACE BOULEVARD, SUITE 1500**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Burch Williams* **SIGNATURE REQUIRED**

1/15/03

912 267 6516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)