

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90378 044 ***150.00

DOCUMENT # V05569

1. Entity Name

WILLIAMS FINANCIAL GROUP, INC.

Principal Place of Business

**2801 OCEAN DR
 SUITE 204
 VERO BEACH FL 32963
 US**

Mailing Address

**2801 OCEAN DR
 SUITE 204
 VERO BEACH FL 32963
 US**

2. Principal Place of Business

2911 OCEAN DRIVE

3. Mailing Address

2911 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0317895

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL T.
 2801 OCEAN DR
 STE 204
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **MICHAEL T. WILLIAMS**

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

2911 OCEAN DRIVE

City **VERO BEACH**

FL

Zip Code
32963

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

Michael T. Williams, Pres.
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02 (ADDRESS CHANGE ONLY)

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

TITLE **PS** ☐ Delete
 NAME **WILLIAMS, MICHAEL T.**
 STREET ADDRESS **2801 OCEAN DR, STE 204**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, LYNN L.**
 STREET ADDRESS **5870 GLEN EAGLE LN**
 CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **WILLIAMS, MICHAEL**
 STREET ADDRESS **2911 OCEAN DR.**
 CITY-ST-ZIP **VERO BEACH FL 32963**
ADDRESS ONLY

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Michael T. Williams, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

561-231-5800

CR2E034 (9/01)