

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

0033755 AV

DOCUMENT # P99000071735

1. Entity Name
MICHAEL P. WILLIAMS, P.A.

01-23-2002 90015 003 ***150.00

Principal Place of Business
3131 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246

Mailing Address
3131 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3593195**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MICHAEL P
3131 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD
WILLIAMS, MICHAEL P
3131 ST JOHNS BLUFF RD
JACKSONVILLE FL 32246

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 reports was 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 receive 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 or part thereof empowered.

SIGNATURE: **MICHAEL P. WILLIAMS**

1-10-02 (904) 224-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

Attachment

LAW OFFICES

MICHAEL P. WILLIAMS

PROFESSIONAL ASSOCIATION

3131 St. Johns Bluff Road

Jacksonville, Florida 32246

Telephone: (904) 224-2006 • Fax: (904) 394-0399

Doc. # P99000071735-
710199

January 10, 2002

Division of Corporations
Uniform Business Report Filing
Post Office Box 1500
Tallahassee, Florida 32302-1500

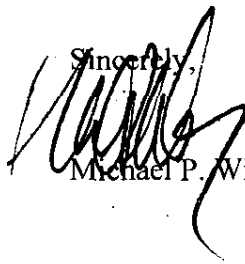
Re: Michael P. Williams, P.A. - Document #: P99000071735
My File Number 6000-07

Dear Sir/Madam:

Enclosed herein please find Michael P. Williams, P.A.'s 2002 Uniform Business Report (UBR) and my firm's check number 1289 drawn payable to the order of Florida Department Of State in the amount of \$150.00 which represents payment of the annual fee.

If you have any questions regarding this letter or its enclosures, please call me.

Sincerely,



Michael P. Williams

MPW/dgf
enclosures

ENCLOSURE