2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90015 003 ***150.00

0033755 AV

DOCUMENT # P99000071735

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3593195 ☐ 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, 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 P. WILLIAMS 1-10-02 (904)224-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc. # P99000071735
7/01/99

LAW OFFICES
MICHAEL P. WILLIAMS
PROFESSIONAL ASSOCIATION
3131 St. Johns Bluff Road
Jacksonville, Florida 32246
Telephone: (904) 224-2006 • Fax: (904) 394-0399

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