

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90091 041 ***150.00

DOCUMENT # S57455

1. Entity Name
PAULA A. WILLIS, P.A.



Principal Place of Business
**2414 SE 18TH CIRCLE
OCALA FL 34471
US**

Mailing Address
**P. O. BOX 5820
OCALA FL 34476
US**



2. Principal Place of Business

3. Mailing Address

3909 Reserve Dr.

3909 Reserve Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 1112

Apt. # 1112

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Zip

32311

Country

Country

USA

32311

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3070672**

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

**WILLIS, PAULA A
2414 SE 18TH CIRCLE
OCALA FL 34471**

Name

PAULA A. WILLIS

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

3909 Reserve Drive, Apt. 1112

Tallahassee

City

FL

Zip Code

32311

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

PAULA A. WILLIS

3/1/03

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 ☐ Delete
NAME **PVT**
STREET ADDRESS **WILLIS, PAULA A**
CITY-ST-ZIP **2414 SE 18TH CIRCLE
OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **3909 Reserve Drive, Apt. 1112**
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

PAULA A. WILLIS

3/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

president

CR2E034 (10/02)