

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69031

Entity Name: DOUGLAS L. WILLIAMS, P.A.

FILED
Apr 21, 2022
Secretary of State
6985581127CC

Current Principal Place of Business:

111 MAJORCA AVENUE (N.1)
SECOND FLOOR N.1 DURING THIS EXTENSIVE PERIOD OF QUARANTINE DUE TO THE PANDEMIC, AND FOR SO LONG THEREAFTER AS IS NECESSARY, I AM NOT TO BE FOUND PHYSICALLY AT THE ADDRESS SHOWN ON MY LETTERHEAD; BUT, ALL OTHER INFORMATION INCLUDING CONTACT INFORMATION, IS ACCURATE.
CORAL GABLES, FL 33134

Current Mailing Address:

111 MAJORCA AVENUE
SECOND FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 59-2798715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, DOUGLAS L
111 MAJORCA AVENUE (N.1)
SECOND FLOOR N.1 DURING THIS EXTENSIVE PERIOD OF QUARANTINE DUE TO THE PANDEMIC, AND FOR SO LONG THEREAFTER AS IS NECESSARY, I AM NOT TO BE FOUND PHYSICALLY AT THE ADDRESS SHOWN ON MY LETTERHEAD; BUT, ALL OTHER INFORMATION, INCLUDING CONTACT INFORMATION, IS ACCURATE.
CORAL GABLES, FL 33134 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PST	Title	D
Name	WILLIAMS, DOUGLAS L	Name	WILLIAMS, DOUGLAS L
Address	111 MAJORCA AVENUE (N.1) SECOND FLOOR N.1 DURING THIS EXTENSIVE PERIOD OF QUARANTINE DUE TO THE PANDEMIC, AND FOR SO LONG THEREAFTER AS IS NECESSARY, I AM NOT TO BE FOUND PHYSICALLY AT THE ADDRESS SHOWN ON MY LETTERHEAD; BUT, ALL OTHER INFORMATION, INCLUDING CONTACT INFORMATION, IS ACCURATE.	Address	111 MAJORCA AVENUE SECOND FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS L. WILLIAMS

P/D

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date