

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69031

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

FILED
Jan 21, 2023
Secretary of State
4019376455CC

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 (SEE BELOW CONCERNING TEMP, ABSENCE DUE TO COVID)
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 the hand and official seal of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature is not made above, or on an attachment with all other like empowered.

SIGNATURE DOUGLAS L. WILLIAMS

P/S/D

01/21/2023

Electronic Signature of Signing Officer/Director Detail

Date