

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 001 ***150.00

DOCUMENT # **550269** ✓

1. Entity Name

WILLIAM B. LECATES, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5220 S.W. 19 Street

Suite, Apt. #, etc.

3. Mailing Address

5220 S. W. 19 Street

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

59-1775928

Applied For

Not Applicable

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gail K. LeCates

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

5220 S. W. 19 Street

City

Plantation

FL

Zip Code
33317

**DO NOT WRITE
IN THIS SPACE**

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

VP/S/TREAS

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director William B. LeCates 5220 S. W. 19 Street Plantation, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Secretary/Treasurer Gail K. LeCates 5220 S. W. 19 Street Plantation, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM B. LECATES, PRES/DIRECTOR

Pres/Director

Date

(954) 792-4495

Daytime Phone #

CR2E034B (12/01)