

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585086

1. Entity Name

A.T. WILLIAMS, D.D.S., P.A.

Principal Place of Business

Mailing Address

15271 MCGREGOR BLVD
SUITE 21
FORT MYERS BEACH FL 33908

15271 MCGREGOR BLVD
SUITE 21
FORT MYERS BEACH FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, AT DDSPA
15271 MCGREGOR BLVD
SUITE 21
FORT MYERS BEACH FL 33908

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

A.T. Williams, DDS PA, Resident in Florida Dental, PA. 0605-01
Signature, typed or printed name of registered agent and title (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, 2001 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
PSD
WILLIAMS, A T
15271 MCGREGOR BLVD., STE. 21
FT MYERS BCH FL 33908 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *A.T. Williams, DDS PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01

Date

941-590-9919

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90070 038 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)