

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

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 015 ***150.00

DOCUMENT # 585086

1. Entity Name

A.T. Williams, D.D.S., P.A. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15271 McGregor Blvd.

3. Mailing Address

15271 McGregor Blvd

Suite, Apt. #, etc.

21

Suite, Apt. #, etc.

#21

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33908

Lee

Zip

Country

33908

Lee

7. Name and Address of Current Registered Agent

Name

Williams, AT D.D.S. PA

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

15271 McGregor Blvd

#21

City

Ft. Myers,

FL

Zip Code

33908

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PSD
NAME	Williams, AT
STREET ADDRESS	15271 McGregor Blvd.
CITY - ST - ZIP	FT. MYERS, FL. 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-11-03

239-580-9919

CR2E034B (12/02)

Attachment

80138436
585086

ABIGAIL DORANG

15271 MCGREGOR BLVD
FT. MYERS, FL 33908
239-590-9919
239415-2732
someone@microsoft.com

August 12, 2003

FLORIDA DEPARTMENT OF STATE,

PLEASE TAKE INTO CONSIDERATION WE HAVE NEVER RECEIVED THIS UNIFORM BUSINESS REPORT.
DR. A.T. WILLIAMS CALLED THE DEPARTMENT ON AUGUST 7TH TO REQUEST A FORM TO PLEASE
SEND ONE OUT. WE DID NOT REALIZE THAT THERE WAS A PENALTY IF IT WAS NOT MAILED
BEFORE MAY 1ST..

SINCERELY .
ABIGAIL DORANG
OFFICE MANAGER