FILED

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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## H40962 DOCUMENT #

1. Entity Name

H. DOHN WILLIAMS, JR., P.A.

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Principal Place of Business Mailing Address 990 NW 5 STREET P.O. BOX 1722 **BOCA RATON FL 33486** FT. LAUDERDALE FL 33302 2. Principal Place of Business 3. Mailing Address 990 N 5 Streat Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2497817 50 Ca Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, DOHN H Street Address (P.O. Box Number is Not Acceptable) 990 NW 5TH ST **BOCA RATON FL 33486** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete TITLE ☐ Addition ☐ Change DOHN, WILLIAMS H NAME NAME 990 NW 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATIONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

CR2E034 (10/02)