

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

DOCUMENT # H46323

1. Entity Name

William F. Caldwell & Associates, Inc.



FILED

03 MAR -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2622 Lighthouse Bend Drive

3. Mailing Address

2622 Lighthouse Bend Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-2592364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Brant, Abraham, Reiter & McCormick, P.A.**

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

50 N. Laura Street, Suite 2750

City **Jacksonville**

FL

Zip Code
32202

**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

Vice President

01/10/03

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Caldwell, William F.
2622 Lighthouse Bend Drive
Ponte Vedra Beach, FL 32082

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NAME
STREET ADDRESS
CITY-ST-ZIP
300013342273
03/03/03--01069--014 **1350.00

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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:

William F. Caldwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

904/285-9036

Day/Phone #