

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

1 of 2

DOCUMENT # P00000016858

1. Entity Name

LORETTA S. WILLIAMS, P.A.

FILED

04 APR 21 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business

1184 Linkside Court W.

Suite, Apt. #, etc.

3. Mailing Address

1184 Linkside Court W.

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3629962

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32233

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Loretta S. Williams

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

1184 Linkside Court W.

City

Atlantic Beach

FL

Zip Code

32233

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

Loretta Williams

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

(NOTE: Registered Agent signature required when reinstating)

4/19/04

DATE

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
P/D/B/T
Loretta S. Williams
1184 Linkside Court W.
Atlantic Beach, FL 32233

TITLE
NAME
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CITY - ST - ZIP

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400033157994
04/20/04--01058--013 **300.00

**DO NOT WRITE
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 empowered.

SIGNATURE:

Loretta Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #

CR2E034B (12/01)

202

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

April 19, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: LORETTA S. WILLIAMS, P.A. –
2003 & 2004 Uniform Business Report Document #: P00000016858

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Corporation's 2003 and 2004 Uniform Business Report. Due to an address change, the Taxpayer never received the 2003 report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$300.00