

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 040 ***150.00

005 (090)

DOCUMENT # P00000020696

1. Entity Name

KEITH MC WILLIAMS, P.A.

Principal Place of Business

6693 SYLVAN WOODS DRIVE
 SANFORD FL 32771

Mailing Address

6693 SYLVAN WOODS DRIVE
 SANFORD FL 32771

931111

2. Principal Place of Business

511 FAITH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

511 FAITH TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MAITLAND, FL

City & State

MAITLAND, FL

4. FEI Number

59-3686368

Applied For

Not Applicable

Zip

32751

Country

SEMINOLE

Zip

32751

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MC WILLIAMS, KEITH
 6693 SYLVAN WOODS DRIVE
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **McWilliams, Keith**
 Street Address (P.O. Box Number is Not Acceptable)
511 FAITH TERRACE
 City **MAITLAND** **FL** Zip Code **32751**

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

[Signature]

03/12/01

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

TITLE **D** ☐ Delete
 NAME **MC WILLIAMS, KEITH**
 STREET ADDRESS **6693 SYLVAN WOODS DRIVE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **McWilliams, Keith**
 STREET ADDRESS **511 FAITH TERRACE**
 CITY-ST-ZIP **MAITLAND, FL 32751**

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

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

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

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

03/12/01

Date

407-339-6291

Daytime Phone #

CR2E034 (10/00)