

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032703

1. Entity Name  
SIMMONDS & WILLIAMS DENTAL ASSOCIATES, P.A.

**FILED**  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90027 045 \*\*\*550.00

00816900 AV

Principal Place of Business  
2489 PROVENCE CIRCLE  
WESTON FL 33327

Mailing Address  
2489 PROVENCE CIRCLE  
WESTON FL 33327

2. Principal Place of Business  
1724 N. UNIVERSITY DR  
Suite, Apt. #, etc.

3. Mailing Address  
1724 N UNIVERSITY DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Pembroke Pines  
Zip  
33024  
Country  
BROWARD

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Pembroke Pines  
Zip  
33024  
Country  
BROWARD

4. FEI Number  
65-0995818  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SIMMONDS, SHIRLEY F  
2489 PROVENCE CIRCLE  
WESTON FL 33327

## 7. Name and Address of New Registered Agent

Name  
SHIRLEY F SIMMONDS  
Street Address (P.O. Box Number is Not Acceptable)  
1724 N. UNIVERSITY DR  
City  
Pembroke Pines FL Zip Code  
33024

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] (NOTE: Registered Agent signature required when reinstating)  
DATE 8/27/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	OWNER SHIRLEY F SIMMONDS DMD 1724 N. UNIVERSITY DR PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER KEITH A WILLIAMS DDS 1724 N UNIVERSITY DR PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: [Signature] DATE: 8/27/01 DAYTIME PHONE: 954-332-7771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)