

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90042 023 ***150.00

DOCUMENT # P01000000856

1. Entity Name

DR WILLIAMS & EYE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**2855 WINKLER AVE., STE. 104
 FT. MYERS FL 33916**

**2855 WINKLER AVE., STE. 104
 FT. MYERS FL 33916**

2. Principal Place of Business

2523 Lee Blvd
 Suite, Apt. #, etc.

3. Mailing Address

2855 WINKLER STE #108
 Suite, Apt. #, etc.
#108



DO NOT WRITE IN THIS SPACE

City & State
High Acres

City & State
FT. MYERS, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
Florida

Country
33971

Zip
33916

Country
U.S.A.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, COURTNEY
 2855 WINKLER AVE., STE. 104
 FT. MYERS FL 33916**

Name

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

City

FL

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 WILLIAMS, COURTNEY DR.
 2855 WINKLER AVE., STE. 104
 FT. MYERS FL 33916** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S/T/VD - VICE PRESIDENT
 HENRY, KELITA
 1844 ARTHUR STREET #1
 HOLLYWOOD, FL 33020** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 WILLIAMS, DENISE
 1820 RUTLAND ST.
 MIAMI FL 33054** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 WILLIAMS, SAMUEL
 1820 RUTLAND ST.
 MIAMI FL 33054** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KELITA HENRY

Date

Daytime Phone #

**(954)
 923-0830**

CR2E034 (10/00)