

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90129 048 ***150.00

DOCUMENT # P01000056214

1. Entity Name
JOHN A. WILLIS, P.A.



Principal Place of Business
**5355 TOWN CENTER ROAD
THE PLAZA, SUITE 801
BOCA RATON FL 33486**

Mailing Address
**5355 TOWN CENTER ROAD
THE PLAZA, SUITE 801
BOCA RATON FL 33486**

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2. Principal Place of Business

3. Mailing Address

5355 Town Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 801

Suite 801

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33486

USA

33486

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1110067**

Applied For
Not Applicable

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

**WILLIS, JOHN A ESQ
4013 NW 62ND COURT
COCONUT CREEK FL 33073**

Name **John A. Willis**

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

5355 Town Center Road, Suite 801

City **Boca Raton**

FL

Zip Code **33486**

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: **John A. Willis** **John A. Willis**

3-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIS, JOHN A ESQ**
STREET ADDRESS **4013 NW 62ND COURT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

**5355 Town Center Road
Suite 801
Boca Raton, FL 33486**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John A. Willis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

561-417-7033

Date

Daytime Phone #

CR2E034 (10/02)