

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0051923 AV

DOCUMENT # P02000028383

1. Entity Name  
SHANNON WOOD-WILLIAMS, L.M.F.T., INC.



04-16-2003 90200 026 \*\*\*150.00

Principal Place of Business  
105 JAZZ DRIVE  
PANAMA CITY FL 32405

Mailing Address  
105 JAZZ DRIVE  
PANAMA CITY FL 32405

10032000



2. Principal Place of Business *(same as above)*  
105 Jazz Drive  
Suite, Apt. #, etc.

3. Mailing Address *(same as above)*  
105 Jazz Drive  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Panama City, FL  
Zip  
32405  
Country  
USA

City & State  
Panama City, FL  
Zip  
32405  
Country  
USA

4. FEI Number  
38-0055104  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WOOD-WILLIAMS, SHANNON  
327 SOUTH BONITA AVENUE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shannon Wood-Williams* 4/15/2003  
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 NAME STREET ADDRESS CITY-ST-ZIP	PST WOOD-WILLIAMS, SHANNON 327 SOUTH BONITA AVENUE PANAMA CITY FL 32401	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shannon Wood-Williams* 4/15/2003 850-550-9719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)