

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0092283 AV

**DOCUMENT # P02000035677**

1. Entity Name  
**SHELI WILLIAMS, P.A.**



04-28-2003 90994 027 \*\*\*150.00

Principal Place of Business  
**214 WEEPING ELM LANE  
LONGWOOD FL 32779**

Mailing Address  
**214 WEEPING ELM LANE  
LONGWOOD FL 32779**

**11022724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3630031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWART, HARRY J CPA  
717 E OAK ST  
KISSIMMEE FL 34744**

Name

**SHELI WILLIAMS**

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

**214 WEEPING ELM LANE**

City

**LONGWOOD**

FL

Zip Code

**32779**

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

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

*SHELI WILLIAMS*

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, SHELI</b>	
STREET ADDRESS	<b>214 WEEPING ELM LANE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

*SHELI WILLIAMS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres SHELI WILLIAMS**

**407 869 1818**

Date **4/25/03** Daytime Phone #

CR2E034 (10/02)