

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90066 029 ***150.00

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DOCUMENT # P02000099677

1. Entity Name

KENNETH H. WILLIAMS, P.A.



Principal Place of Business
**3890 W. COMMERCIAL BOULEVARD
SUITE 217
FORT LAUDERDALE FL 33309
US**

Mailing Address
**3890 W. COMMERCIAL BOULEVARD
SUITE 217
FORT LAUDERDALE FL 33309
US**

80012871



2. Principal Place of Business

3333 W. COMMERCIAL BLVD.

3. Mailing Address

3333 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

42-1550398

Applied For

Not Applicable

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, KENNETH H
1750 N.W. 106TH AVENUE
PEMBROKE PINES FL 33026**

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

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 **P** ☐ Delete
NAME **WILLIAMS, KENNETH H**
STREET ADDRESS **1750 N.W. 106TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

KENNETH H. WILLIAMS

1/15/03

(954) 485-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)