## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P93000058679 1. Entity Name MARY ANNE WILLIAMS, P.A. 04-22-2000 90005 023 \*\*\*158.75 Mailing Address Principal Place of Business 3053 BRAELOCH CIR E 3053 BRAELOCH CIR E CLEARWATER FL 33761 CLEARWATER FL 33761-2708 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3198264 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, MARY A Street Address (P.O. Box Number is Not Acceptable) 3053 BRAELOCH CIRCLE E CLEARWATER FL 33761 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ÌIII E ☐ Delete TITLE Williams, Mary A NAME STREET ADDRESS 3053 BRAELOCH CIRCLE E MARCH ADDRESS CITY-ST-ZIP ST-ZIP CLEARWATER FL 33761 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS :::::: ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change Delete TITLE STREET ADDRESS ADDRESS CITY-ST-ZIP ST ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS WHITEE CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP 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. 2//NS/Daile