

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90175 025 ***158.75

DOCUMENT # P94000001060

1. Entity Name

WILLIAM J. WILLITTS MED COVERAGE, INC.

Principal Place of Business

**9870-F WATERMILL CIRCLE
BOYNTON BEACH FL 33437**

Mailing Address

**9870-F WATERMILL CIRCLE
BOYNTON BEACH FL 33437**

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

65-0454662

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WILLITTS, WILLIAM J
9870-F WATERMILL CIRCLE
BOYNTON BEACH FL 33437**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **WILLITTS, WILLIAM J**
STREET ADDRESS **9807 F WATERMILL CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **T** ☐ Delete
NAME **WILLITTS, WILLIAM R**
STREET ADDRESS **9807 WATERMILL CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
NAME **PERRON, L. ANDRE**
STREET ADDRESS **6095 LEELAND ST.**
CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE **D** ☐ Delete
NAME **STOEI, DEMITRE**
STREET ADDRESS **9870 H WATERMILL CR**
CITY-ST-ZIP **BOYTON BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **WILLIAM J WILLITTS** ☒ Change ☐ Addition
NAME **9870 F WATERMILL CIR**
STREET ADDRESS **BOYNTON BEACH**
CITY-ST-ZIP

TITLE **9870 F WATERMILL CIR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

13. 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, with all other like empowered.

SIGNATURE:

William J Willitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. WILLITTS

1-20-01

1561-738-6197

Date

Daytime Phone #

CR2E034 (10/00)