

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90076 016 \*\*\*150.00

MACRODIA AV

**DOCUMENT # P94000009057**

1. Entity Name

**WILLIAMSON, DIAMOND & CATON, P.A.**

Principal Place of Business

**7843 SEMINOLE BLVD.  
SEMINOLE FL 34642**

Mailing Address

**7843 SEMINOLE BLVD.  
SEMINOLE FL 34642**

2. Principal Place of Business

**9075 Seminole Boulevard**

3. Mailing Address

**9075 Seminole Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Seminole, Florida**

City & State

**Seminole, Florida**

4. FEI Number

**59-3222092**

Applied For

Not Applicable

Zip

**33772**

Country

**Pinellas**

Zip

**33772**

Country

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CATON, RICHARD P  
7843 SEMINOLE BLVD.  
SEMINOLE FL 34642**

7. Name and Address of New Registered Agent

Name

**RICHARD P. CATON**

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

**9075 Seminole Boulevard**

City **Seminole**

**FL**

Zip Code

**33772**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMSON, DOUGLAS M</b> <b>8614 MAIDSTONE COURT</b> <b>LARGO FL 33543</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAMOND, SANDRA F</b> <b>1731 PINE CREEK CT.</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CATON, RICHARD P</b> <b>9921 FRANK DRIVE E</b> <b>SEMINOLE FL 33776</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAMSON, DOUGLAS M.</b> <b>9075 Seminole Boulevard</b> <b>Seminole, Florida 33772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIAMOND, SANDRA F.</b> <b>9075 Seminole Boulevard</b> <b>Seminole, FLorida 33772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CATON, RICHARD P.</b> <b>9075 Seminole Boulevard</b> <b>Seminole, Florida 33772</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 1/7/02 (727) 398-3600

CR2E034 (9/01)