

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081206

1. Entity Name

PETER B. WILLIAMS, D.P.M., P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90058 042 ***150.00

Principal Place of Business

8803 WABASH LANE
PORT RICHEY FL 34668

Mailing Address

8623 REGENCY PARK BLVD.
PORT RICHEY FL 34668-5742
US

2. Principal Place of Business

3. Mailing Address

9300 REGENCY PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT RICHEY, FL

Zip

Country

Zip

Country

34668-5023

PASCO

4. FEI Number

59-3282643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

WILLIAMS, PETER B

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

8803 WABASH LANE

City

PORT RICHEY

FL

Zip Code

34668

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

X *Peter B. Williams* DPM PA PRESIDENT

4/17/00

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, 2000 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 ☐ Delete
NAME PSTD
STREET ADDRESS WILLIAMS, PETER B
CITY-ST-ZIP 8803 WABASH LANE
PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: X

Peter B. Williams DPM PA PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER B. WILLIAMS

Date

Daytime Phone #

CR2E034 (9/99)