

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90459 033 ***150.00

DOCUMENT # P94000081206

1. Entity Name

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

Principal Place of Business

**8803 WABASH LANE
 PORT RICHEY FL 34668**

Mailing Address

**9300 REGENCY PARK BLVD.
 PORT RICHEY FL 34668
 US**

004011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8819 WABASH LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3282643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, PETER
 8803 WABASH LN.
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

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

8819 WABASH LANE

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, 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 ☐ 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

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8819 WABASH LANE**
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CEO/VP**
 STREET ADDRESS **Carolann Williams**
 CITY-ST-ZIP **8819 Wabash Lane**
Port Richey, FL 34668

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

Carolann Williams CEO/VP

Date

Daytime Phone #

389-4416

CR2E034 (9/01)