

YEAR 2002  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 28 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093448

1. Entity Name  
ROBERT M. WILLIAMS

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6700 CROOSWINDS DR

3. Mailing Address  
6700 CROSSWINDS DR

Suite, Apt. #, etc.  
200C

Suite, Apt. #, etc.  
200C

City & State  
ST. PETERSBURG, FL

City & State  
ST. PETERSBURG, FL

Zip  
33170

Zip  
33710

**REINSTATEMENT** 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0544936

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
WILLIAMS, ROBERT

Street Address (P.O. Box Number is Not Acceptable)  
6700 CROSSWINDS DR STE 200C

City  
ST. PETERSBURG, FL Zip Code  
33710

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IN THIS SPACE**

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 *Robert M. Williams*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/2/02  
DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
D  
WILLIAMS, ROBERT  
163 22ND AVE N  
ST. PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400007454104--2  
-08/30/02--01058--012  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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-08/30/02--01058--013  
\*\*\*\*150.00 \*\*\*\*150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. WILLIAMS, DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/2/02 Daytime Phone # 727-345-6622

CR2E034B (12/01)