

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91049 037 ***150.00

DOCUMENT # **P95 0000 30636**

1. Entity Name

WILLIAM C. MAHER OD., P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3115 E. COLUMBIA BLVD

Suite, Apt. #, etc.

3. Mailing Address

2429 EKANA DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3321283

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32765

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM C. MAHER

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

2429 EKANA DRIVE

City

ORLANDO

FL

Zip Code

32765

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William C. Maher OD PA.

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

(NOTE: Registered Agent signature required when reinstating)

4/4/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WILLIAM C. MAHER
2429 EKANA DRIVE
ORLANDO FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Maher OD PA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03
Date

407-366-4821
Daytime Phone #

CR2E034B (12/02)