

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90451 049 ***150.00

DOCUMENT # P96000014925

1. Entity Name
STEPHEN C. WILLIS, P.A.

Principal Place of Business Mailing Address

**2818-A KILKIERANE DRIVE
 TALLAHASSEE FL 32308** **2818-A KILKIERANE DRIVE
 TALLAHASSEE FL 32308**

2. Principal Place of Business 3. Mailing Address

**1407 E. Piedmont Dr.
 Suite, Apt. #, etc.
 Suite B** **1407 E. Piedmont Dr.
 Suite, Apt. #, etc.
 Suite B**

City & State City & State

Tallahassee, FL **Tallahassee, FL**

Zip Country Zip Country

32312 USA **32312 USA**

4. FEI Number Applied For

59-3411544 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

**WILLIS, STEPHEN C
 2818-A KILKIERANE DRIVE
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **STEPHEN C. Willis**

Street Address (P.O. Box Number is not Acceptable)
**1407 E. Piedmont Drive
 Suite B**

City **Tallahassee** FL Zip Code **32312**

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 *Stephen C. Willis* DATE **4/28/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D <input type="checkbox"/> Delete |
| NAME | WILLIS, STEPHEN C |
| STREET ADDRESS | 2818-A KILKIERANE DRIVE |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | Director VP, Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jennifer Lind |
| STREET ADDRESS | 1407 E. Piedmont Dr. Suite B |
| CITY-ST-ZIP | Tallahassee, FL 32312 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 *Stephen C. Willis* DATE **4/28/00** Daytime Phone # **(850) 383.8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)