

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024998

1. Entity Name

JEFFERY W. WILLIAMS, P.A., CHARTERED

Principal Place of Business

7512 MAHAFFEY DRIVE  
NEW PORT RICHEY FL 34653

Mailing Address

7512 MAHAFFEY DRIVE  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

11741 Golden Valley Dr.  
Suite, Apt. #, etc.

3. Mailing Address

11741 Golden Valley Dr.  
Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3367611

Applied For

Not Applicable

Zip

Country

34654

PASCO

Zip

Country

34654

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JEFFERY W  
7512 MAHAFFEY DRIVE  
NEW PORT RICHEY FL 34653

Name

Williams, Jeffery W.

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

11741 Golden Valley Dr.

City

New Port Richey

FL

Zip Code

34654

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME WILLIAMS, JEFFERY W  
STREET ADDRESS 7512 MAHAFFEY DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

TITLE PSTD  
NAME WILLIAMS, JEFFERY W. ☒ Change ☐ Addition  
STREET ADDRESS 11741 Golden Valley Dr.  
CITY-ST-ZIP New Port Richey, FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Jeffery W. Williams

Jeffery W. Williams

2/20/01

727-379-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)