

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 030 ***150.00

DOCUMENT # **P96000033483**

1. Entity Name

**LAW OFFICES OF
WILLIAM KEMPER JENNINGS, P.A.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18 S 9th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1256

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

DeFuniak Springs

City & State

DEFUNIAK SPRINGS

4. FEI Number

59 3438748

Applied For

Not Applicable

Zip

32433

Country

USA

Zip

32435

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jennings, William K.

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

18 S 9th Street

City

DeFuniak Springs FL

Zip Code

32433

**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.

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) ☐

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

**Jennings, William K.
18 S. 9th Street
DeFuniak Springs FL 32433**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E034B (12/01)