

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108809

1. Entity Name

LAW OFFICE OF KAROL K. WILLIAMS, P.A.

FILED

Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90005 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1315 SOUTH HOWARD AVENUE~~  
~~SUITE 101~~  
~~TAMPA FL 33606~~

~~1315 SOUTH HOWARD AVENUE~~  
~~SUITE 101~~  
~~TAMPA FL 33606~~

2. Principal Place of Business

3825 Henderson Blvd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33629

USA

4. FEI Number

59-3484866

Applied For

Not Applicable

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, KAROL K

~~1315 SOUTH HOWARD AVENUE~~

~~SUITE 101~~

~~TAMPA FL 33606~~

same as above

Name

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

City

FL

Zip Code

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	PO	<input type="checkbox"/> Delete
NAME	WILLIAMS, KAROL K	
STREET ADDRESS	<del>1315 S. HOWARD AVE. #101</del>	
CITY-ST-ZIP	<del>TAMPA FL 33606</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)