

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90623 042 ***150.00

659285

DO NOT WRITE IN THIS SPACE

DOCUMENT # 798000001251

1. Entity Name:
 WILLIAM W. DEEM P.A.

Principal Place of Business **Mailing Address**

50 N. LAUKA STREET #3300
 JACKSONVILLE, FL 32202

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 50 N. LAUKA ST Suite, Apt. #, etc. #3300 | | 3. Mailing Address 50 N. LAUKA ST Suite, Apt. #, etc. #3300 | |
| City & State JACKSONVILLE FL | | City & State JACKSONVILLE FL | |
| Zip 32202 | Country USA | Zip 32202 | Country USA |

| | |
|--|---|
| 4. FEI Number 59-3485378 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WILLIAM W. DEEM
 50 N. LAUKA ST. #3300
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: N/A
 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 N/A
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR / PRESIDENT WILLIAM W. DEEM 50 N. LAUKA ST. #3300 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: W W D - WILLIAM W DEEM 5/1/01 904 798 2615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
659285
098000001251
William W. Deem P. A.
3300 Bank of America Center
50 North Laura Street
Jacksonville, FL 32202
(904) 798-2615

May 1, 2001

Division of Corporations
Attn.: Uniform Business Report
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: William W. Deem, P.A.
FEI No. 59-3485378

Gentlemen:

I enclose my 2001 Uniform Business Report, with my check in the amount of \$150. I attempted to file and pay on-line today. However, I was informed that without a pre-supplied document number and access code -- neither of which I have received -- I could not do so. Therefore, I was instructed by your office to simply mail this form and payment. I was informed that it would be considered timely so long as it was postmarked today.

If you have questions or comments, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "W. Deem", followed by a horizontal line.

William W. Deem

WWD/sjd
Encls.