

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001261

1. Entity Name

WILLIAM L. FINGER, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90098 048 ***150.00

Principal Place of Business

Mailing Address

50 NORTH LAURA ST. STE. 3300
JACKSONVILLE FL 32202

50 NORTH LAURA ST. STE. 3300
JACKSONVILLE FL 32202-3661

2. Principal Place of Business

4917 Mariners Pt. Dr.

3. Mailing Address

P.O. Box 351449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32235-1449

Country

USA

4. FEI Number

59-3485843

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

FINGER, WILLIAM L
50 NORTH LAURA ST. STE. 3300
JACKSONVILLE FL 32202

Name

William L. Finger

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

4917 Mariners Point Drive

City

Jacksonville

FL

Zip Code

32225

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

Will 27/00

William L. Finger, Pres & P.A.

4/14/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FINGER, WILLIAM L	
STREET ADDRESS	50 NORTH LAURA ST. STE. 3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William L. Finger	
STREET ADDRESS	4917 Mariners Point Drive	
CITY-ST-ZIP	Jacksonville, FL 32225	
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:

WILLIAM L. FINGER, Pres.

Date

4/14/00

Daytime Phone #

904 565-1234

CR2E034 (9/99)