

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90137 043 \*\*\*150.00

**DOCUMENT # P98000018993**



1. Entity Name  
**BETH WILLIAMS, D.C., P.A.**

Principal Place of Business  
**2324 S. CONGRESS AVE  
SUITE 1 J  
WEST PALM BEACH FL 33406  
US**

Mailing Address  
**2324 S. CONGRESS AVE  
SUITE 1 J  
WEST PALM BEACH FL 33406  
US**

00017000



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number <b>65-0822261</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, BETH DR.  
2324 S. CONGRESS AVE  
STE 15  
WEST PALM BEACH FL 33406**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
**Suite 1J**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>WILLIAMS, BETH D.C.PA 6625 GREG WAY LAKE WORTH FL 33467</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2324 S. CONGRESS AVE SUITE 1J WPB, FL 33406</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>WILLIAMS, SEAN 6625 GREG WAY LAKE WORTH FL 33467</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2324 S. CONGRESS AVE SUITE 1J WPB, FL 33406</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/17/03** **561 965-8665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)