

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000033585**

1. Entity Name

WILLIAM WOHLISIFER, P.A.

Principal Place of Business

Mailing Address

**402 SEABREEZE BLVD.
SUITE H
DAYTONA BEACH FL 32118****P O BOX 6003
DAYTONA BEACH FL 32122-6003**

2. Principal Place of Business

210 S. Beach St.

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Zip

Country

Zip

Country

32114

6. Name and Address of Current Registered Agent

**WOHLISIFER, WILLIAM
402 SEABREEZE BLVD., SUITE H
DAYTONA BEACH FL 32118**

Name

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

210 S. Beach St., Ste 200

City

Daytona Beach**FL**

Zip Code

32114

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.

William Wohlsifer, President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/009. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PVTS
WOHLISIFER, WILLIAM
402 SEABREEZE BLVD., SUITE H
DAYTONA BEACH FL 32118**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DPVTS
William R. Wohlsifer
210 S. Beach St., Ste 200
Daytona Beach, FL 32114**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 life empowered.

SIGNATURE:

William Wohlsifer, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00**904-253-2288****FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90121 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3524834

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**