

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90180 022 ***150.00

DOCUMENT # P98000086599

1. Entity Name

JOHN A. WILLIAMS, CPA

Principal Place of Business

4184 MACCAUGHEY DR.
N. PORT FL 34287

Mailing Address

4184 MACCAUGHEY DR.
N. PORT FL 34287

2. Principal Place of Business

1113 Riviera St.

Suite, Apt. #, etc.

3. Mailing Address

1113 Riviera St.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number 65-0868777

Applied For

Not Applicable

Zip

Country

34285

Sarasota

Zip

Country

34285

Sarasota

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, JOHN A
4184 MACCAUGHEY DR.
N. PORT FL 34287

Name

John A. Williams

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

1113 Riviera St

City

Venice

FL

Zip Code

34285

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

4/13/01

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 **P** ☐ Delete
NAME **WILLIAMS, JOHN A**
STREET ADDRESS **4184 MACCAUGHEY DR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **WILLIAMS, MICHELLE F**
STREET ADDRESS **4184 MACCAUGHEY DR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/13/01

Date

941/412-3594

Daytime Phone #

CR2E034 (10/00)