

2001

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90470 015 ***150.00

DOCUMENT # P98000104093

1. Entity Name

ROBERT A. WILLIS, JR., P.A.

Principal Place of Business

730 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

Mailing Address

730 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429-5470

A0063159

2. Principal Place of Business

20 W. Norvell Bryant Hwy

3. Mailing Address

20 W. Norvell Bryant Hwy.

City & State

Hernando, FL

City & State

Hernando, FL

4. FEI Number

59-3531431

Applied For

Not Applicable

Zip

34442

Country

U.S.A.

Zip

34442

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

WILLIS, ROBERT A JR.
730 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name Robert A. Willis, Jr., P.A.

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

20 W. Norvell Bryant Hwy.

1161 S. Fieldview Loop

City Hernando, Lecanto FL

Zip Code

34442
34461

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIS, ROBERT A JR	
STREET ADDRESS	730 N. SUNCOAST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	1161 S. Fieldview Loop	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lecanto, Florida	
STREET ADDRESS	20 W. Norvell Bryant Hwy.	
CITY-ST-ZIP	Hernando, Florida 34442	
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: By: Robert A. Willis, Jr., President

03/10/00

(352)

746-0744