

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019649

1. Entity Name

REGENIA J. WILLIAMS, P.A. ATTORNEY AT LAW

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90092 009 ***150.00

Principal Place of Business

Mailing Address

5732 NORMANDY BLVD. STE. 9
 JACKSONVILLE FL 32205

5732 NORMANDY BLVD. STE. 9
 JACKSONVILLE FL 32205-6200

2. Principal Place of Business

5732 Normandy Blvd

Suite, Apt. #, etc.

Suite 9

City & State

Jacksonville, FL

Zip

32205

Country

U.S. A

3. Mailing Address

5732 Normandy Blvd

Suite, Apt. #, etc.

Suite 9

City & State

Jacksonville, FL

Zip

32205

Country

U.S. A



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3613212

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

WILLIAMS, REGENIA J
 5732 NORMANDY BLVD. STE. 9
 JACKSONVILLE FL 32205

Name

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILLIAMS, REGENIA J
 CITY-ST-ZIP 6272 NORSE DRIVE
 JACKSONVILLE FL 32244

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

TITLE ☐ Delete
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 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:

Regenia J. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regenia J. Williams

Date

4-26-2000

Daytime Phone #

(904) 783-0505

CR2E034 (9/99)