2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 08:00 AM
Secretary of State

DOCUMENT # **P99000073749**

1. Entity Name
WILLIAM S. FRAZIER, P.A.

Principal Place of Business		Mailing Address	
1919 BLANDING BLVD, SUITE 8		1919 BLANDING BLVD, SUITE 8	
JACKSONVILLE	FL	JACKSONVILLE	FL
32210		32210	

2. Principal Place of Business		3. Mailing Address	
1919 BLANDING BLVD.		1919 BLANDING BLVD.	
Suite, Apt. #, etc. SUITE 8		Suite, Apt. #, etc. SUITE 8	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32210	Country	Zip 32210	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1387522 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER WILLIAM S
1919 BLANDING BLVD, SUITE 8
JACKSONVILLE FL
32210

7. Name and Address of New Registered Agent

Name
FRAZIER WILLIAM S
Street Address (P.O. Box Number is Not Acceptable)
1919 BLANDING BLVD
SUITE 8
City JACKSONVILLE FL Zip Code 32210

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 ______________________ 04/26/2000
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) X

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRAZIER WILLIAM S 2836 YALE AVE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: William S. Frazier PD 04/26/2000