

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S37999**

Entity Name
**WILLIAM M. GOLSON & ASSOCIATES ATTORNEYS AT LAW,
INCORPORATED**



Principal Place of Business
**1230 S MYRTLE AVE.
STE. 105
CLEARWATER FL 33756**

Mailing Address
**1230 S MYRTLE AVE.
STE. 105
CLEARWATER FL 33756
US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3055492**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**GOLSON, WILLIAM M.
1230 S MYRTLE AVE.
STE. 105
CLEARWATER FL 33756**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
GOLSON, WILLIAM M.
1230 SO. MYRTLE AVE #105
CLEARWATER FL 33756**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/03

727-446-4826

CR2034 (10/02)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90288 010 ***150.00

10023279



☐ CHECK HERE IF MAKING CHANGES