

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 038 ***150.00

DOCUMENT # F81683

1. Entity Name
DON JABLONSKI, D.O., P.A.

Principal Place of Business

**2 E TOWAH SCHOOL RD
ETOWAH NC 27829**

Mailing Address

**8 LEIBESTRAUM DRIVE
HORSE SHOE NC 28742
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2192409**

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

**WOODARD, KATHERINE F
500 S RIDGEWOOD
DAYTONA BCH FL 32114**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
**DST
JABLONSKI, CATHERINE
8 LEIBESTRAUM DRIVE
HORSE SHOE NC 28742** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVD
JABLONSKI, DONALD
8 LEIBESTRAUM DRIVE
HORSE SHOE NC 28742** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Catherine Jablonski* **828-890-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7-26-02 Daytime Phone #

CR2E034 (4/02)



Country Clinic
Board Certified in Family Practice

Attachment
#F81683
123112

Don Jablonski, D.O.

P.O. Box 2108
2 Etowah School Road
Etowah, NC 28729-2108
(828) 890-3200

July 27, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please be advised that this is the first notice received for the 2002 Uniform Business Report.

I am now in the state of North Carolina and perhaps because of the change of address, I did not receive the first notice. If you look at my records, I believe I have always paid the fee prior to May 1st.

Please waive the fee of \$400 and be sure that the 2003 report is mailed to
8 Leibestraum Drive, Horse Shoe, NC 28742.

Thank you for your assistance in this matter.

Sincerely,

Catherine Jablonski
Catherine Jablonski
DST of Don Jablonski, D.O. PA
F81683