

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90095 026 ***150.00

DOCUMENT # 562529

1. Entity Name

337 INCORPORATED

Principal Place of Business

**1181 ORANGE AVENUE
WINTER PARK FL 32789**

Mailing Address

**1181 ORANGE AVENUE
WINTER PARK FL 32789**

2. Principal Place of Business

651 COLUMBIA DR

3. Mailing Address

651 COLUMBIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

4. FEI Number

59-1810669

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, GENE C MD
1181 ORANGE AVENUE
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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, 2001 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	SDV	<input type="checkbox"/> Delete
NAME	MILLER, GENE C MD	
STREET ADDRESS	1181 ORANGE AVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLALOCK, JOHN C JR MD	
STREET ADDRESS	1181 ORANGE AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)