2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496685 1. Entity Name

JOHN PAUL HOWARD, P.A.

Principal Place of Business

2431 BLANDING BLVD. P.O. BOX 7189

JACKSONVILLE FL 32210-4155

2. Principal Place of Business

Mailing Address

2431 BLANDING BLVD.

P.O. BOX 7189

3. Mailing Address

JACKSONVILLE FL 32210-4155

FILED Jan 24, 2001 8:00 am Secretary of State

01-24-2001 90002 041 ***150.00

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231/-3 Blanding Blvd.		P. U. BOX /109						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		_City & State		4.	4. FEI Number 59-1674434			plied For
Jacksonville, FL		Jacksonville, FL					No	t Applicable
32210	Country Duval	32238-0189	Country Duva1		Certificate of Status Desired	L-J	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HOWARD, JOHN PAUL 2431 BLANDING BLVD.			Name Sat	me				-
			Street Address (P.O. Box Number is Not Acceptable)					
	SONVILLE FL 32210		23	2317-3 Blanding Boulevard				
JACK	SOIVILLE I E SZZ IV							
		,	CityTo	cksonv:	110	FL	- Zin Cod	^³ ∩
		MI		CKSUIIV.	LLLC		. 1 2221	, 0
8. The above r	named entity submits this statement for	the purpose of changing its	registered office of	r registered ag	ent, or both, in the State of Fl	orida.		
·/	12/1///////	HIIIII				1/11	/01	
SIGNATURE	mature type or poster have or Pagret to the	OW Price (NOTE	: Registered Agent signat	ure required when re	einstating)	DATE		
- The /			II EEE 10 6160	00				
//	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			10. Election Campaign Fig			May Be
See criteria	·	Make Check Payable to Department of Sta			Trust Fund Contribution	in. L	J Added	to Fees
/ 11.	OFFICERS AND D	IRECTORS	12.	A	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
	PD	☐ Delete	TITLE	PD			Change	Addition
	HOWARD, JOHN PAUL		NAME	John 1	Paul Howard	_	_	
STREET ADDRESS	2431 BLANDING BLVD.		STREET ADDRESS		3 Blanding Bo		rd	
CITY-ST-ZIP	JACKSONVILLE FL	· .	CITY-ST-ZIP	Jacks	onville, FL	<u> 32210</u>		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP ·	·		-				[] Change	□ Addition
TITLE		☐ Delete	TITLE		-		Change	Addition _
NAME STREET ADDRESS	- 	e en la companya de l	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE	 		-	☐ Change	Addition
NAME		□ Delete	NAME				· •	<u> </u>
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME	•		NAME					
STREET ADDRESS	* · ·		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					- Addition
TITLE		· 🔲 Delete	TITLE		•		Change	☐ Addition
NAME CTREET ADDRESS			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
`	ertify that the information supplied with t	his filing does not qualify for		ted in Section	119 07(3)(i) Florida Statutes	I further ce	rtify that the in	nformation
i i a. i nereby ce	srmy mar me information supplied with t	riis iiiiig uoes tiot quality loi	LIG CACAMPROLISIA	AGG III GGCHOIT	level effect so if mode under	nath: that I	am on officer	or director

13. 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 by true and accurate add that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or true see embowered 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 address, with all other like providing.

SIGNATURE

SCHOOLE AND TYPED OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

(904) 389-4501

Daytime Phone #