2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

502338 DOCUMENT

1. Entity Name

ERIC H.	COE, M.D., P.A.					01-23-2003 90188 0	20 ***150).00
Principal Place of Business 120 N. BLVD. E. LEESBURG FL 34748-5241		Mailing Address 120 N. BLVD. E. LEESBURG FL 34748-5241						
2. Principal I	Place of Business	3. Mailing Address			_			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			4. FE	59-1666138		plied For t Applicable
Zip Country		Zip	Zip Cour		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	Registered Agent		1	7. Na	me and Address of New Registered	igent	
COE, ERIC'H.				Name				
120 N BLVD E L LEESBURG FL 34748				Street Addre	ss (P.O. Bo	x Number is Not Acceptable)		
LEESBUR	G FL 34/40			City		FL	Zip Code	e
the obliga	tions of registered agent. Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Registe	ered Agent signature req	uired when rein	stating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.00 or May 150.00	of State				9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees
10.	OFFICERS AND	DIRECTORS	- 11	1.	ADD	ITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COE, ERIC H 120 N BLVD E LEESBURG FL		N/ : S1	TLE AME Treet address Ty-ST-Zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D	N/ S1	TLE AME IREET ADDRESS TY-ST-ZIP	, ,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ D	N/	TLE AME REET ADDRESS TY-ST-ZIP	الطاية ا		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ D	NA ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	Addition
TITLE		D	elete Ti	TLE			Change	Addition

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

Jan 23, 2003 8:00 am Secretary of State