

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90151 016 ***150.00

DOCUMENT # 523408

1. Entity Name
JACK D. NORMAN, M.D., P.A.

Principal Place of Business

**848 BRICKELL AVENUE
 #940
 MIAMI FL 33131
 US**

Mailing Address

**C/O SCHECKNER
 7201 SW 110 TERRACE
 MIAMI FL 33156
 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 **59-1718484**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, JACK D
 848 BRICKELL AVENUE
 #940
 MIAMI FL 33131**

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 **PD** ☐ Delete
 NAME **NORMAN, JACK D**
 STREET ADDRESS **8290 LARAMPA STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE **D** ☐ Delete
 NAME **NORMAN, ANN S**
 STREET ADDRESS **8290 LARAMPA STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

JACK D. NORMAN, M.D., P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02 305 358-7110
 Date Daytime Phone #

CR2E034 (4/02)

B0130386

Attachment
MARTIN L. SCHECKNER,
CERTIFIED PUBLIC ACCOUNTANT, P.A.

BARCLAYS FINANCIAL CENTER
1111 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

#523408

TELEPHONE (305) 379-0603

TELEFAX (800) 371-9684

<http://www.mlscpapa.com>

MARTIN L. SCHECKNER, PFS/CPA, CFPTM, CFE
e-mail: mls@mlscpapa.com

July 11, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

In Re: Jack D. Norman MD PA
TIN 59-17184884
2002 UBR

To Whom It May Concern:

Please find enclosed the 2002 UBR for Jack D. Norman, MD PA. The taxpayer has enclosed a check in the amount of \$150 representing payment thereof. We respectfully request that this check be accepted as full payment for the 2002 UBR for the reason set forth below.

The taxpayer never received the first UBR forms. The taxpayer has just received the enclosed copy. Although the address of the taxpayer, on the UBR is correct, the taxpayer never received the original form. It is possible that the original form was lost in the mails.

Thank you for your consideration and acceptance of the form and payment.

Respectfully Submitted,

Martin L. Scheckner

Martin L. Scheckner
c.c. Jack D. Norman, MD PA