

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90065 003 ***150.00

DOCUMENT # 533540

1. Entity Name

J. MICHAEL JASPER, M.D., P.A.

Principal Place of Business

**5149 NORTH 9TH AVE
 SUITE 104
 PENSACOLA FL 32504**

Mailing Address

**5149 NORTH 9TH AVE
 SUITE 104
 PENSACOLA FL 32504**

2. Principal Place of Business

3. Mailing Address

5149 North 9th Avenue

5149 North 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G42

Suite G42

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32504

U.S.A.

32504

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JASPER, J. MICHAEL
 5149 NORTH 9TH AVENUE
 SUITE 104
 PENSACOLA FL 32504**

Name

J. Michael Jasper

Street Address (P.O. Box Number is Not Acceptable)

5149 North 9th Avenue

Suite G42

City

Pensacola

FL

Zip Code

32504

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.

J. Michael Jasper, MD, President

SIGNATURE

J. Michael Jasper

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	JASPER, J. MICHAEL MD	
STREET ADDRESS	5149 N 9TH AVE #104	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JASPER, J. MICHAEL MD	
STREET ADDRESS	5149 N 9TH AVE #104	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Michael Jasper, MD	
STREET ADDRESS	5149 N 9th Ave., Suite G42	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Michael Jasper, MD	
STREET ADDRESS	5149 N 9th Ave., Suite G42	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

J. Michael Jasper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

(850) 477-9182

DATE Daytime Phone #

CR2E034 (9/01)