

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 005 ***150.00

DOCUMENT # 557049

1. Entity Name
Charles D. Scarborough, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*31 S. Fifth St.
Suite, Apt. #, etc.
Macclenny, FL
City & State*

3. Mailing Address

*Charles D. Scarborough
31 S. Fifth St.
Suite, Apt. #, etc.
Macclenny, FL
City & State*

DO NOT WRITE IN THIS SPACE

Zip *32063* Country *Baker*

Zip *32063* Country *Baker*

4. FEI Number

591795303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Scarborough, Charles D.*
Street Address (P.O. Box Number is Not Acceptable)

*5674 Narley Thrift Rd.
City Macclenny FL Zip Code 32063*

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P. D.
Charles D. Scarborough
5675 Narley Thrift Rd.
Macclenny, FL 32063*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 02 904-259-2725

Date

Daytime Phone #

CR2E034B (12/01)