

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 043 ***150.00

DOCUMENT # 560098

1. Entity Name

WILLIAM W. BUCKINGHAM, M.D., P.A.



Principal Place of Business

1801 BARRS ST
300B
JACKSONVILLE FL 32204
US

Mailing Address

1801 BARRS ST
STE 300B
JACKSONVILLE FL 32204
US

2. Principal Place of Business

800 Lomax St.
Suite, Apt. #, etc.
117
City & State
JACKSONVILLE, FL

3. Mailing Address

800 Lomax St.
Suite, Apt. #, etc.
117
City & State
JACKSONVILLE, FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1796778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKINGHAM, WILLIAM W
1801 BARRS ST
STE 300B
JACKSONVILLE FL FL 32204

7. Name and Address of New Registered Agent

Name

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

800 LOMAX ST.
#117
City JACKSONVILLE FL Zip Code 32204

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.

(If not Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUCKINGHAM, WILLIAM W 1801 BARRS ST 300B JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUCKINGHAM, JULIE C. 1801 BARRS ST., STE 300B JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUCKINGHAM, WILLIAM W 800 LOMAX ST #117 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUCKINGHAM, JULIE C. 800 LOMAX ST #117 JACKSONVILLE 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/JAN/2003 904-350-0045

Date

Daytime Phone #

CR2E034 (10/02)