

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597259  
1. Entity Name  
JAMES I. HUDDLESTON, JR., M.D., P.A.

FILED

01 NOV -7 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
270 TAMiami TRAIL NORTH 270 TAMiami TRAIL NORTH  
NAPLES FL 33940 NAPLES FL 33940

2. Principal Place of Business 3. Mailing Address  
1707 3RD STREET SOUTH 1707 3RD STREET SOUTH  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State NAPLES FL City & State NAPLES FL  
Zip 34102 Country USA Zip 34102 Country USA

2001 UBR

4. FEI Number 58-1343409 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JAMES I. HUDDLESTON, JR.  
270 TAMiami TRAIL NORTH  
NAPLES, FL 33940

7. Name and Address of New Registered Agent  
Name JAMES I. HUDDLESTON, JR.  
Street Address (P.O. Box Number is Not Acceptable) 1707 3RD STREET SOUTH  
City NAPLES FL Zip Code 34102

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] 11-5-01  
(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 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.  
SIGNATURE: [Signature] JAMES I. HUDDLESTON JR 11/5/01 (94)2613525

CR2E034 (5/01)

James I. Huddleston, Jr., M.D.

11/5/01

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Sirs:

These forms apparently have been going to my old address. I have not dissolved my corporation, and wish to reinstate it with this URB, sent by "Carol" last month.

Enclosed is my check for \$150<sup>00</sup>, which she also said would be required.

Please mail the forms for 2002 to the new address.

Thank you very much  
James Huddleston