

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603198

1. Entity Name

JAMES T. BABCOCK, O.D., P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 032 ***150.00

Principal Place of Business

Mailing Address

~~3140 E. OAKLAND PK. BLVD.~~
 FT LAUDERDALE FL 33306
 US

1509 N.E. 24TH STREET
 WILTON MANORS FL 33305-1315

2. Principal Place of Business

3. Mailing Address

BROWARD Eye CARE

Suite, Apt. #, etc.

2502 E. OAKLAND PK. Blvd.

Suite, Apt. #, etc.

City & State
 FT. LAUDERDALE FL 33306

City & State

Zip
 33306

Country
 USA

Zip

Country

4. FEI Number 59-1367871

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABCOCK, JAMES T
 1509 N.E. 24TH ST
 FT LAUDERDALE FL 33305

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.

SIGNATURE [Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/00
 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 \$150.00
After MAY 1, 2000 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 PD ☒ Delete
 NAME BABCOCK, JAMES T
 STREET ADDRESS 2140 E. OAKLAND PK. BLVD.
 CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE PD ☐ Delete
 NAME BABCOCK, JAMES T.
 STREET ADDRESS 2502 E. OAKLAND PK Blvd.
 CITY-ST-ZIP FT. LAUDERDALE FL 33306

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00 954-564-2020
 Date Daytime Phone #

CR2E034 (9/99)