

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603758

1. Entity Name

JAMES M. CARLISLE III M.D., P.A.

Principal Place of Business

Mailing Address

1125 NORTH PALAFOX
PENSACOLA FL 32501

1125 NORTH PALAFOX
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1416255

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

RAY, LOUIS F. JR.
15 W MAIN ST.
PENSACOLA FL 32501

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PD
NAME CARLISLE III, JAMES M
STREET ADDRESS 1125 NO. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90039 013 ***150.00

658838



DO NOT WRITE IN THIS SPACE

0031363

CR2E034 (10/00)

3/29/01 (850) 432-0963

DOCUMENT 658838
#608758

JAMES M. CARLISLE, III, M.D., P.A.

1125 N. Palafox Street
Pensacola, Florida 32501

Telephone: (850) 432-0963

May 16, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

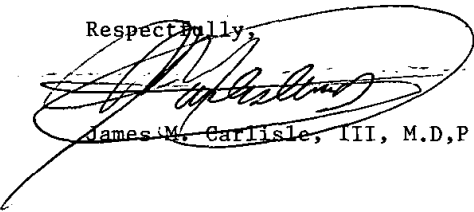
Enclosed, please find a check in the amount of \$150.00 along with the 2001 Uniform Business Report (UBR).

I realize this form is coming post deadline of April 30, 2001. The Administrative Staff was instructed to place this form in the April folder for payment, but it inadvertently was misplaced in the May folder.

In view of the fact that this is the first and only time in over 20 years of being a corporation that the payment has been tardy, we wish to ask for your consideration in waiving any penalties and or interest for this oversight.

Thank you for your consideration of this request.

Respectfully,


James M. Carlisle, III, M.D., P.A.

JMC:jc