2000 UNIFORM BUSINESS REPORT

DOCUMENT # 605105

1. Entity Name

KIRK HOWARD, O.D., P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 008 ***150.00

Principal Place of Business	Mailing Address
2491 S. FERDON BLVD. P. O. DRAWER 1087 CRESTVIEW FL 32536	2491 S. FERDON BLVD. P. O. DRAWER 1087 CRESTVIEW FL 32536-1087

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1544061	Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, KIRK 2491 S. FERDON BLVD. CRESTVIEW FL 32536	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 _Kirk Howard_   3/7/00 DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12.	☐ Change ☐ Addition
TITLE P NAME HOWARD, KIRK STREET ADDRESS 2491 S. FERDON BLVD CITY-ST-ZIP CRESTVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

certify that the information
officer or director
11 or Block 12 if