2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 01, 2001 8:00 am **DOCUMENT # 655039 Secretary of State** 1. Entity Name RICHARD A. BOLT, M.D., P.A. 03-01-2001 90027 044 ***150.00 Principal Place of Business Mailing Address 20 CHINA GOCKLE WAY 20 CHINA COCKLE WAT 925607 HILTON HEAD ISLAND SC 29926 HILTON HEAD ISLAND SC 29926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1981463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHELAN, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) 623 N. GRANVIEW AVE DAYTONA BEACH FL 32118-3820 City Zip Code F 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE BOLT, RICHARD A., M.D. 9-BEACON PL. ZOLLOW THE A.S DAUFUSKIE ISLAND SC 29915 NAME NAME COCKLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 29926 ST Change Addition TITLE TITLE ☐ Delete **BOLT, E. JEAN** NAME NAME 20 CHINA COCKLE WAY 9-BEACON PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAUFUSKIE ISLAND SC 29915 29926 Change TITLE □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of trustee on powered 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 empowered.

FILED

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