

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-22-2000 90032 045 ***158.75

DOCUMENT # 673341

1. Entity Name

DAVID G. SNEED, M.D., P.A.

Principal Place of Business

1503 S.W. 1ST AVENUE
C/O DAVID G. SNEED
OCALA FL 34471-4334
US

Mailing Address

107 NE 1ST AVE.
C/O DAVID G. SNEED
OCALA FL 34470-6655
US

2. Principal Place of Business

c/o DAVID G. SNEED

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1752 SW 1ST AVE

City & State
OCALA FL

City & State

4. FEI Number

59-2046189

Applied For

Not Applicable

Zip
34474

Country
US

Zip

Country

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

SNEED, DAVID G.
1503 S.W. 1ST AVENUE
OCALA FL 32670

Name

Street Address (P.O. Box Number is Not Acceptable)

1752 SW 1ST AVE

City
OCALA

FL

Zip Code
34474

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SNEED, DAVID G.
1503 S.W. 1ST AVE.
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1752 SW 1ST AVE
OCALA FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SNEED, DAVID G.
1503 S.W. 1ST AVE.
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1752 SW 1ST AVE
OCALA FL 34474

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

TITLE
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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

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:  **DAVID G. SNEED**

(352) 622-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)