

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jan 26, 2001 8:00 am  
Secretary of State  
01-26-2001 90097 030 \*\*\*150.00

DOCUMENT # 685268  
1. Entity Name  
JAN A. BECKER, M.D., P.A.

Principal Place of Business      Mailing Address  
727 VASSAR AVENUE      727 VASSAR AVENUE  
ORLANDO FL 32804      ORLANDO FL 32804

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 59-2215887      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BECKER, JAN A., M.D.  
1904 GERDA TERR  
ORLANDO FL 32804

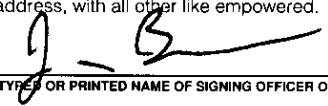
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  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 P  
NAME BECKER, JAN A., M.D.  
STREET ADDRESS 4101 N ORANGE BL TR#131  
CITY-ST-ZIP ORLANDO FL  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
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:  1/15/01 409/849-0330  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00008471



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)