

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F13838**

1. Entity Name

PROFESSIONAL PRACTICE ASSOCIATES, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90091 037 ***150.00

938583

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2811 N. W. 41ST STREET, BLDG. C
GAINESVILLE FL 32606**

Mailing Address

**2811 N. W. 41ST STREET, BLDG. C
GAINESVILLE FL 32606**

2. Principal Place of Business

11801 Research Drive

Suite, Apt. #, etc.

3. Mailing Address

11801 Research Drive

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-2053288

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32615

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, DOUGLAS H JR
2811 NW 41ST ST., BLDG C
GAINESVILLE FL 32606-3649**

7. Name and Address of New Registered Agent

Name **THOMPSON, DOUGLAS H. JR (Same Agent, -New-**Street Address (P.O. Box Number is Not Acceptable) **Address)****11801 Research Drive**City **Alachua****FL**Zip Code
32615

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
NAME **SD**
STREET ADDRESS **THOMPSON, SARA P**
CITY-ST-ZIP **2416 NW 23RD TERRACE
GAINESVILLE FL** ☐ DeleteTITLE
NAME **PD**
STREET ADDRESS **THOMPSON, DOUGLAS H JR**
CITY-ST-ZIP **2416 NW 23RD TERRACE
GAINESVILLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **SAME** ☒ Change ☐ Addition
STREET ADDRESS **11801 Research Drive**
CITY-ST-ZIP **Alachua, FL 32615**TITLE
NAME **SAME** ☒ Change ☐ Addition
STREET ADDRESS **11801 Research Drive**
CITY-ST-ZIP **Alachua, FL 32615**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: *Douglas H. Thompson Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2001
Date*(386) 418-4001*
Daytime Phone #

0039502

CR2E034 (10/00)