

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86647

1. Entity Name

JAMES A. PLEMMONS, M.D., P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90242 036 ***150.00

Principal Place of Business

1104 NEBRASKA AVENUE
 PALM HARBOR FL 34683

Mailing Address

1104 NEBRASKA AVENUE
 PALM HARBOR FL 34683-4031

2. Principal Place of Business

1104 Nebraska Avenue

Suite, Apt. #, etc.

3. Mailing Address

1104 Nebraska Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Palm Harbor Fla.

Zip
 34683

Country
 Pinellas

City & State
 Palm Harbor Fla.

Zip
 34683

Country
 Pinellas

4. FEI Number 59-2219974

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLEMMONS, JAMES A
 1104 NEBRASKA AVENUE
 PALM HARBOR FL 34683

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 * *J A Plemmons*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-00

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

TITLE DP ☐ Delete
 NAME PLEMMONS, JAMES A
 STREET ADDRESS 1104 NEBRASKA AVE.
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 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 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: * *J A Plemmons*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-00

CR2E034 (9/99)