

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01757

1. Entity Name

JAMES A. STRICKLAND, JR., D.M.D., P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90034 035 ***150.00

Principal Place of Business

4001 CONFEDERATE PT RD
SUITE 3
JACKSONVILLE FL 32210
US

Mailing Address

P. O. BOX 56107
PO BOX 56107
JACKSONVILLE FL 32241-6107
US

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

59-2411795

Applied For

Not Applicable

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

STRICKLAND, JAMES A., JR., D.M.D.
4401 WESCONNETT BLVD.
SUITE 200
JACKSONVILLE FL 32210

Name

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

4001 #3 Confederate Point Road

City

Jacksonville

FL

Zip Code

32210

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
PST
STRICKLAND, JAMES A. JR.
4401 WESCONNETT BLVD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
STRICKLAND, JAMES A. JR.
4001 #3 CONFEDERATE POINT ROAD
JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, JAMES A. JR.
4401 WESCONNETT BLVD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, JAMES A. JR.
4001 #3 CONFEDERATE POINT ROAD
JACKSONVILLE, FL 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 (904) 772 8060

CE 1014 (9/98)