

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 020 ***150.00

DOCUMENT # H01757

1. Entity Name
JAMES A. STRICKLAND, JR., D.M.D., P.A.

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
US



2. Principal Place of Business

3. Mailing Address
PO Box 440939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Jacksonville FL

4. FEI Number
59-2411795

Applied For
 Not Applicable

Zip

Country

Zip
32222

Country
Duval

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.
4001 #3 CONFEDERATE POINT ROAD
JACKSONVILLE FL 32210

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | PST | <input type="checkbox"/> Delete |
| NAME | STRICKLAND, JAMES A. JR. | |
| STREET ADDRESS | 4001 #3 CONFEDERATE POINT ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STRICKLAND, JAMES A. JR. | |
| STREET ADDRESS | 4001 #3 CONFEDERATE POINT ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | | <input type="checkbox"/> Delete |
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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: *James A. Strickland, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 9047728060
 Date Daytime Phone #

CR2E034 (9/01)