2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H01757 **DOCUMENT #**



FILED Feb 27, 2003 8:00 am Secretary of State

Entity Name JAMES A. STRICKLAND, JR., D.M.D., P.A.					02-27-2003 901 52	: 004 ***150	.00	
4001 CONFEDERATE PT RD PO SUITE 3 JAI JACKSONVILLE FL 32210 US US			Mailing Address PO BOX 440939 JACKSONVILLE FL 32222 US 3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	ING CHANGES		
City & State		City & State		4. FEI Number 59-2411795	4. FEI Number 59-2411795 Applied For Not Applicab			
Zip		Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
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				Name	Name			
				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32210 8. The above named entity submits this statement for the purpose of changing its registern								
] .	City FL Zip Code				
the obligat	tions of regist	ered agent.	ine purpose of changing its	registered office of regis	stered agent, or both, in the State of Florida. † a	am tamiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DAT	ΓE		
F	II E NOWII	FEE IS \$150.00						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					O. Cloation Communica Cinemains	és o		
		· ·	f State		9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
Make Check		Florida Department o			Trust Fund Contribution.	Added	d to Fees	
Make Check	k Payable to	· ·	DIRECTORS	11.		AND DIRECTOR	S IN 11	
Make Check	PST STRICKLA	Florida Department o	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS	Trust Fund Contribution.	Added	d to Fees	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: