

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03408

1. Entity Name

VICKI J. JUNOD, P.A.

Principal Place of Business

10758 SE FED HWY
P O BOX 2063
HOBE SOUND FL 33475

Mailing Address

10758 SE FED HWY
P O BOX 2063
HOBE SOUND FL 33475

2. Principal Place of Business

4299 Whittier

Suite, Apt. #, etc.

3. Mailing Address

4299 Whittier

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

Martin

Zip

34997

Country

Martin

4. FEI Number

59-2406916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNOD, VICKI J.
10758 SE FEDERAL HIGHWAY
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

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

4299 Whittier Way

City

Stuart

FL

Zip Code

34997

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 is acceptable

(NOTE: Registered Agent signature required when replacing)

DATE

1-5-02

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	JUNOD, VICKI J.	
STREET ADDRESS	4299 S. E. WHITTICAR WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUNOD, VICKI J.	
STREET ADDRESS	4299 S. E. WHITTICAR WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2002 8:00 am
Secretary of State

01-12-2002 90002 023 ***150.00



DO NOT WRITE IN THIS SPACE

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AV

CR2034 (9/01)