

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 016 ***150.00

0138260

DOCUMENT # K46044

1. Entity Name

MICHAEL L. JARMON, O.D., P.A.

Principal Place of Business

Mailing Address

~~11151 NW 4 CT~~
CORAL SPRINGS FL 33071

~~11151 NW 4 CT~~
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

6132 NW 124 DR

6132 NW 124 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS

CORAL SPRINGS

City & State

City & State

FLA

FLA

Zip

33076

Country

BROWARD

Zip

33076

FLA

Country

BROWARD

4. FEI Number

65-0083051

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARMON, MICHAEL L.

~~11151 NW 4 CT~~
CORAL SPRINGS FL 33071

Name

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

6132 NW 124 DR

CORAL SPRINGS

City

FL

Zip Code

33076

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, 2001 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	PD JARMON, MICHAEL L. 11151 NW 4 CT CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

MICHAEL JARMON President 4-25-01 (954) 752-2577

Date

Daytime Phone #

CR2E034 (10/00)