

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04913

1. Entity Name

JOHN LEWIS FIVEASH, JR., P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90098 021 ***150.00

Principal Place of Business

Mailing Address

41 N. JEFFERSON STREET
SUITE 106
PENSACOLA FL 32501

41 N. JEFFERSON STREET
SUITE 106
PENSACOLA FL 32501-5644

2. Principal Place of Business

2401 Highway 97 North

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7184

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Molito FL

City & State

Pensacola, FL

4. FEI Number

59-2952314

Applied For

Not Applicable

Zip

32577

Country

USA

Zip

32534-0184

Country

USA

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

FIVEASH, JOHN L., JR.
41 N. JEFFERSON STREET
STE 106
PENSACOLA FL 32501

Name

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

2401 Highway 97 North

City Molito

FL

Zip Code 32577

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

1/24/00

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 | D | <input type="checkbox"/> Delete |
| NAME | FIVEASH, JOHN L., JR. | |
| STREET ADDRESS | 41 N JEFFERSON STR STE 106 | |
| CITY-ST-ZIP | PENSACOLA FL | |
| 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 |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2401 Highway 97 North | |
| CITY-ST-ZIP | Molito, FL 32577 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 (850) 587-2259

CR2034 (9/99)