

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91338 006 \*\*\*150.00

DOCUMENT # L81604

1. Entity Name

SHARP & GAY, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4741 Atlantic Blvd.

3. Mailing Address

4741 Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

Suite F

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3006266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sharp, Robert M.

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

4741 Atlantic Blvd., Suite F

Jacksonville, FL 32207

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

NAME

Sharp, Robert M.

STREET ADDRESS

4741 Atlantic Blvd., Suite F

CITY - ST - ZIP

Jacksonville, FL

TITLE

VP

NAME

Withers, Richard W.

STREET ADDRESS

4741 Atlantic Blvd., Suite F

CITY - ST - ZIP

Jacksonville, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/02

Date

Daytime Phone #