

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018983

1. Entity Name

J. PAUL MELTON, P.T., P.A.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90121 031 ***150.00

Principal Place of Business

13787 BELCHER RD. BLDG. A
% J. PAUL MELTON, P.T., P.A.
LARGO FL 33777

Mailing Address

13787 BELCHER RD. BLDG. A
% J. PAUL MELTON, P.T., P.A.
LARGO FL 33777

2. Principal Place of Business

13787 Belcher Rd.

3. Mailing Address

Small

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Zip

33771

Country

USA

Zip

Country

4. FEI Number

59-3629272

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

MELTON, J. PAUL
2503 LAKE POINT LANE
CLEARWATER FL 33762

Name

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

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

(NOT New)

2/1/01

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

President
John Paul Melton
2503 Lake Point Lane
Clearwater, FL 33762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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

Date

Daytime Phone #

2/1/01 (727) 531-4700

CR2E034 (10/00)