

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090978

1. Entity Name
J.PATRICK GEORGE, P.A.

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

05-10-2001 90070 015 ***150.00

Principal Place of Business
1601 N CENTRAL AVE. STE 804
FLAGLER BEACH FL 32136

Mailing Address
1601 N CENTRAL AVE. STE 804
FLAGLER BEACH FL 32136

2. Principal Place of Business
1027 Atkins Place
Suite, Apt. #, etc.

3. Mailing Address
1027 Atkins Place
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number
59-3675459

Applied For
Not Applicable

Zip
32804

Country
U.S.

Zip
32804

Country
U.S.

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

MILLER & SOUTH, P.A.
2699 LEE ROAD
SUITE 120
WINTER PARK FL 32789

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

4-19-01

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 ☐ Delete
NAME D
STREET ADDRESS GEORGE, J. PATRICK P.A.
CITY-ST-ZIP 1601 N CENTRAL AVE, STE 804
FLAGLER BEACH FL 32136

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS George, J. Patrick P.A.
CITY-ST-ZIP 1027 Atkins Place
Orlando, FL. 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-19-01 310 479-4799

CR2E034 (10/00)