

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-24-2001 90066 044 ***150.00

DOCUMENT # P00000097238

1. Entity Name

HOLLY A. SHEETS, D.P.M., P.A.

Principal Place of Business

**138 HERON'S NEST LANE
ST. AUGUSTINE FL 32080-**

Mailing Address

**138 HERON'S NEST LANE
ST. AUGUSTINE FL 32080-**

2. Principal Place of Business

700 Zeagler Drive

3. Mailing Address

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

4. FEI Number

593676655

Applied For

Not Applicable

Zip

32177

Country

Putnam

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEETS, HOLLY A
138 HERON'S NEST LANE
ST. AUGUSTINE FL 32080-**

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SHEETS, HOLLY A
138 HERON'S NEST LANE
ST. AUGUSTINE FL 32080-**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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

HOLLY SHEETS

Date

1-12-01

Daytime Phone #

904 328 7228

CR2E034 (10/00)