

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098416

1. Entity Name

DEBORAH A. JONES, DPM, P.A.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90055 035 \*\*\*150.00

Principal Place of Business

1515 UNIVERSITY DRIVE SUITE 113  
CORAL SPRINGS FL 33071

Mailing Address

1515 UNIVERSITY DRIVE SUITE 113  
CORAL SPRINGS FL 33071

00017516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18475 Miramar Parkway  
Suite, Apt. #, etc.

3. Mailing Address

15360 NW 6th Ct.  
Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Pembroke Pines FL

4. FEI Number

65-1049967

Applied For

Not Applicable

Zip

Country

33029

USA

Zip

Country

33028

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

JONES, PATRIC L  
1515 UNIVERSITY DRIVE SUITE 113  
CORAL SPRINGS FL 33071

Name

n/a

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

*Deborah Jones* (Deborah Jones)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2001

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	D	<input type="checkbox"/> Delete
NAME	JONES, DEBORAH A	
STREET ADDRESS	1515 UNIVERSITY DRIVE SUITE 113	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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)(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:

*Deborah Jones* (Deborah Jones)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2001 (954) 662-3668

CR2E034 (10/00)