

2002: UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90377 024 ***150.00

DOCUMENT # P01000028609**1. Entity Name**

BARBARA RADONOVICH, P.A.

Principal Place of Business4119 RICHMOND PARK DRIVE, E
JACKSONVILLE, FL 32224**Mailing Address**4119 RICHMOND PARK DRIVE, E
JACKSONVILLE, FL 32224**2. Principal Place of Business**

8750 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

3. Mailing Address

8750 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3704545

Applied For

Not Applicable

Zip

32216-6347

Country

DUVAL

Zip

32216-6347

Country

DUVAL

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**RADONOVICH, BARBARA A.
4119 RICHMOND PARK DRIVE, E
JACKSONVILLE FL 32224**7. Name and Address of New Registered Agent****Name**

NICHOLAS T. SIMONIC

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

8750 PERIMETER PARK BLVD.

City

JACKSONVILLE

FL**Zip Code**

32216-6347

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***N.T. Simonic, CPA*

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

(NOTE: Registered Agent signature required when reinstating)

4-4-02

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** PD ☐ Delete
NAME RADONOVICH, BARBARA A.
STREET ADDRESS 4119 RICHMOND PARK DRIVE, E
CITY-ST-ZIP JACKSONVILLE, FL 32224**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 2705 DEFORD MILL ROAD
CITY-ST-ZIP HAMPTON COVE, AL 35763**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (11/00)

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:** *Barbara Radonovich* BARBARA RADONOVICH 4-11-02 (356) 539-2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR