

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90115 035 ***150.00

DOCUMENT # P01000038477

1. Entity Name

JERROLD ECKLIND, D.O., P.A.



Principal Place of Business

1255 MASON AVENUE
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVENUE
DAYTONA BEACH FL 32117

2. Principal Place of Business

555 W. Granada Blvd

Suite, Apt. #, etc.

Ste. D-2

3. Mailing Address

555 W. Granada Blvd

Suite, Apt. #, etc.

Ste. D-2

☐ - CHECK HERE IF MAKING CHANGES

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

59-3710379

Applied For

Not Applicable

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHURRHMAN, RICHARD

1255 MASON AVE

DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name

RICHARD K. CHURCHMAN

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

1255 MASON AVE

City

DAYTONA BEACH

FL

Zip Code

32117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard K. Churchman

1-7-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ECKLIND, JERROLD R
1255 MASON AVENUE
DAYTONA BEACH FL 32117 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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ECKLIND, YOLANDA R
1255 MASON AVENUE
DAYTONA BEACH FL 32117 ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Jerrold R Ecklind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

386 615 8300

Daytime Phone #

CR2E034 (10/02)